



Executive Council

December 18, 2009

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Honorable Charles E. Grassley
Ranking Member
United States Senate
Committee on Finance
Washington, DC 20510-6200

Dear Senator Grassley:

Thank you for your letter of December 7, 2009. The American Society of Colon and Rectal Surgeons (ASCRS) is pleased to provide you with the following information you requested.

Background:

The American Society of Colon and Rectal Surgeons is an association of surgeons and other professionals dedicated to assuring high quality patient care by advancing the science for prevention and management of disorders and diseases of the colon, rectum and anus through research and education. ASCRS was established in 1899 as the American Proctologic Association by Dr. Joseph Mathews, then President of the American Medical Association.

Industry Funding: 2006-2009

The attached spreadsheet (**Attachment 1**) lists all industry funding received by ASCRS for the period 2006-2009. This spreadsheet shows funding for: a) CME activities, b) enduring materials, c) advertising, d) non-cme functions. Also included as part of this attachment is a list of exhibitors from 2006-2009 – (**Attachment 1-A**). This is followed by a list of in-kind support received for hands-on courses from 2006-2009 (**Attachment 1-B**). Supporters are

acknowledged in the Society's Final Program, ASCRS Newsletter and on its Website.

Following is additional information you requested:

- 1. Please describe the policies for accepting industry funding and whether or not ASCRS allows companies to place restrictions or provide guidance on how funding will be spent.**

ASCRS adheres to the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support (**Attachment 2**) for its continuing medical education activities and does not allow companies to place restrictions or provide guidance on how funding for those activities will be spent. ASCRS develops a list of educational grants and advertising opportunities and forwards that list to industry for possible funding. **Attachment 2-A** is a sample page from this document.

All CME activities are developed by the Program Chair and Vice Chair with assistance from the Program Committee at least 8 months prior to the meeting. This core group of physicians develops needs assessment, gap analysis, educational objectives and session agendas with proposed speakers. Concurrently, the Program Chair and Vice Chair appoint course, symposia and workshop physician directors who, in turn, review the proposed agenda and make necessary changes to the content, speakers and objectives. This is a collaborative effort between the Program Chair, Vice Chair, Course Director and Co-Director to further meet the educational needs of the physician audience. ASCRS then seeks support from multiple sponsors for each activity planned. We believe that helps to promote a balanced program in furtherance of the ACCME guidelines. The Program Chair presents the scientific program to the Executive Council at its October meeting for review and approval. (**Attachment 2-B is a sample of the program activity showing speaker disclosures**)

Please note that those providing corporate support for a sponsored program are required to sign a Letter of Agreement which contains the following language:

“The Corporate Supporter agrees to abide by all requirements of the ACCME *Standards for Commercial Support of Continuing Medical Education*, the American Medical Association’s Ethical Opinion on Continuing Medical Education and Gifts to Physicians, the Food and Drug Administration regulations regarding Industry Supported Scientific and Educational Activities, the PhRMA code on Interactions with Healthcare Professionals, AdvaMed Code of Ethics and the Office of Inspector General Compliance Program Guidance for Pharmaceutical Manufacturers”.

Attachment 2-C is the Letter of Agreement with industry related to educational grants

Attachment 2-C(1) is the Policy related to 3rd Party Medical Education Companies

Attachment 2-C(2) is the Letter of Agreement with industry related to advertising.

2. If ASCRS allows companies to place restrictions on industry funding, then please explain all restrictions and/or guidance for each transfer of value from industry. For every transfer of value with a restriction, please provide the following information: year of transfer, name of company and restriction placed on funding.

ASCRS does not allow companies to place restrictions on industry funding.

3. Please explain what policies, if any, that ASCRS plans to adopt to ensure transparency of funding in order to provide a greater public trust in the independence of your organization.

ASCRS already has certain policies in place. For example, all industry support is summarized on the ASCRS website at www.fascrs.org, is included in the Annual Meeting Final Program Guide, is announced at the Annual Meeting, and is featured in the ASCRS Newsletter (which also is included on the website).

Attachment 3 is industry support listed on ASCRS Website (2009)

Attachment 3-A is industry support in Final Program (2006-2009)

Attachment 3-B is industry support included in ASCRS Newsletter (2006-2009)

In addition, ASCRS intends to adopt and implement additional policies and practices to ensure even greater transparency. For example, ASCRS has developed and will seek formal approval of a comprehensive, written conflict of interest disclosure policy to further expand on the practices ASCRS currently follows. In addition, ASCRS will consider the efficacy of posting some or all disclosure information of its Executive Council, staff directors and members of appropriate committees on its Website.

4. Please explain your policies on disclosure of outside income by your top executives and board members.

ASCRS has a Conflict of Interest Policy which was approved by the Executive Council in 2006 and modified by the Executive Council at its October 12, 2009 Meeting for use in connection with all of its continuing medical education programs. This Policy is based on the requirements of the Accreditation Council for Continuing Medical Education.

Attachment 4 is the 2006 Conflict of Interest Policy

Attachment 4-A is the modified policy - approved 10/12/09

In addition, as noted above, ASCRS has prepared a comprehensive policy to incorporate disclosure of outside income for its Executive Council members and others involved in ASCRS activities and decision-making. We expect the new policy to be considered and adopted by the Executive Council at its next meeting. **Attachment 4-B** is the draft Conflict of Interest Policy.

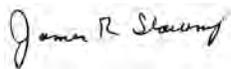
5. Please provide the disclosures of outside income filed with your organizations by your top executives and board members.

As explained above, the Society is in the process of preparing a comprehensive Conflict of Interest Policy and Disclosure Form specifically for use by its Executive Council members and others involved in ASCRS activities and decision-making. Nonetheless, several Executive Council members and staff directors have already completed disclosure forms in the context of their

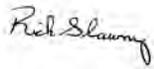
involvement in specific ASCRS programs and activities. Those disclosure forms are included in **Attachment 5** (2006-2009).

ASCRS appreciates the opportunity to address your concerns regarding transparency in healthcare. Much of the information contained in this letter is also included in the Society's Annual Form 990 Information Return. While we applaud your efforts to address transparency in healthcare, ASCRS would like to state that we appreciate the support we have received from industry. Without that support, many of our important programs and research projects would not have been possible. ASCRS is focused on: a) promoting awareness of early detection of colorectal diseases, b) education of its members and others to improve patient outcomes and safety and c) research to eliminate/manage diseases of the colon, rectum and anus.

Sincerely,



James Slawny
Co-Executive Director



Richard Slawny
Co-Executive Director

Attachment Summary:

- 1 Spreadsheet listing all funding received for ASCRS activities 2006-2009
- 1-A Exhibitors 2006-2009
- 1-B In-kind support 2006-2007

- 2 ACCME Standards for Commercial Support
- 2-A ASCRS Wish List sample (2009)
- 2-B Sample of program activity showing disclosures
- 2-C Letter of Agreement with industry related to educational grants
- 2-C(1) Policy related to 3rd Party Medical Education Companies
- 2-C(2) Letter of Agreement with industry related to advertising

- 3 Industry support listed on ASCRS website (2009 info)
- 3-A Industry support in final program (2006-2009)

- 3-B Industry support included in ASCRS Newsletter (2006-2009)

- 4 Conflict of Interest Policy - 2006
- 4-A Conflict of Interest Policy - modified 10/12/09
- 4-B Draft Conflict of Interest Policy

- 5 Disclosures - Council members - 2006-2009

2006 ASCRS Corporate Sponsors Company Name	Grant Amount	Grant Type
Adolor Corporation and GlaxoSmithKline		
Supporter for the breakfast symposium: <i>Obstacles to Post-Operative Recovery</i>	\$ 53,500.00	Continuing medical education
Convention Registration Bags	\$ 17,500.00	Advertising
Daily Schedule Board	\$ 24,500.00	Advertising
Total Adolor Support	\$ 95,500.00	
American Medical Systems		
Co-supporter of the dinner symposium on <i>Optimal Therapy for Fecal Incontinence</i>	\$ 15,000.00	Continuing medical education
Total American Medical Systems Support	\$ 15,000.00	
Applied Medical		
Co-supporter for the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 20,000.00	Continuing medical education
Co-supporter of the breakfast symposium on <i>Laparoscopic Technique: The Real Nuts & Bolts</i>	\$ 15,000.00	Continuing medical education
Total Applied Medical Support	\$ 35,000.00	
Autosuture/Valleylab/Tyco Healthcare		
Co-supporter for the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 20,000.00	Continuing medical education
Total Autosuture/Valleylab/Tyco Healthcare Support	\$ 20,000.00	
B-K Medical Systems, Inc.		
Endorectal Ultrasound Course	\$ 15,000.00	Continuing medical education
Total B-K Medical Systems, Inc. Support	\$ 15,000.00	
Compro, Inc.		
Poster reproductions	\$ 10,000.00	Continuing medical education
Total ConvaTec Support	\$ 10,000.00	
ConvaTec, a Bristol Myers Squibb Company		
Supporter for the dinner symposium on <i>Update on Management of Intestinal Stomas and Complex Abdominal Wounds</i>	\$ 10,000.00	Continuing medical education
Total ConvaTec Support	\$ 10,000.00	
Curon Medical		
Co-supporter of the Sunday dinner symposium on <i>Optimal Therapy for Fecal Incontinence</i>	\$ 10,000.00	Continuing medical education
Total Curon Medical Support	\$ 10,000.00	

2006

2006 ASCRS Corporate Sponsors		
Company Name	Grant Amount	Grant Type
Ethicon Endo-Surgery, Inc.		
Co-supporter for the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 2,000.00	Continuing medical education
Co-supporter of the breakfast symposium on <i>Laparoscopic Technique: The Real Nuts & Bolts</i>	\$ 25,000.00	Continuing medical education
Executive Council Reception/Dinner	\$ 7,000.00	Other
Abstracts on Disk	\$ 27,000.00	Continuing medical education
"Save the Date" promotional brochure	\$ 25,000.00	Advertising
Co-supporter of the symposium on <i>Problems of the Pelvic Floor: Treatment of Obstructive Defecation/Rectocele</i>	\$ 20,000.00	Continuing medical education
Co-supporter of the luncheon symposium on <i>Current Management of Hemorrhoids</i>	\$ 20,000.00	Continuing medical education
Co-supporter of the luncheon symposium on <i>Frontiers in Colorectal Surgery</i>	\$ 30,000.00	Continuing medical education
Co-supporter of the Allied Health symposium	\$ 5,000.00	Continuing medical education
CARSEP	\$ 40,000.00	Continuing medical education
Total Ethicon Endo-Surgery Support	\$ 201,000.00	
Ferndale Laboratories, Inc.		
Residents' Reception	\$ 9,500.00	Other
Total Ferndale Laboratories Support	\$ 9,500.00	
Genzyme Biosurgery		
Grant in support of the ASCRS Annual Meeting, June 3-7, 2006 in Seattle	\$ 12,500.00	Continuing medical education
Total Genzyme Biosurgery Support	\$ 12,500.00	
GlaxoSmithKline		
Supporter of the breakfast symposium on <i>Strategies for Prevention of Cardiovascular Complications Following Abdominal Surgery</i>	\$ 43,000.00	Continuing medical education
Total GlaxoSmithKline Support	\$ 43,000.00	
Karl Storz Endoscopy-America, Inc.		
Co-supporter of the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 11,000.00	Continuing medical education
Total Karl Storz Endoscopy-America Support	\$ 11,000.00	
Konsyl Pharmaceuticals		
Residents' Breakfast	\$ 3,000.00	Continuing medical education
Total Konsyl Pharmaceuticals Support	\$ 3,000.00	
3M Pharmaceuticals		
Co-supporter of the symposium on <i>Prevention and Early Diagnosis of Anal Cancer</i>	\$ 7,500.00	Continuing medical education
Total 3M Pharmaceuticals Support	\$ 7,500.00	

2006 ASCRS Corporate Sponsors		
Company Name	Grant Amount	Grant Type
Merck & Co. Inc.		
Supporter of the symposium on <i>An Ounce of Prevention: Reducing Postoperative Wound Infections with Interactive Case-Based Approach</i>	\$ 43,000.00	Continuing medical education
Licensing Fee for enduring material	\$ 10,000.00	Enduring Material - CME
Total Merck & Co. Support	\$ 53,000.00	
Microline/PENTAX Inc.		
Co-supporter of the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 3,000.00	Continuing medical education
Total Microline/PENTAX Support	\$ 3,000.00	
Myriad Genetic Laboratories		
Supporter of the Breakfast symposium on <i>The A, B, and C of Hereditary Colorectal Cancer: What You Must Know, What You Must Do</i>	\$ 48,462.00	Continuing medical education
Co-supporter of the Norman Nigro Research Lecturship	\$ 5,000.00	Continuing medical education
Total Myriad Genetic Laboratories Support	\$ 48,462.00	
Olympus America Inc.		
Co-supporter of the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 11,000.00	Continuing medical education
Co-supporter of the luncheon symposium on <i>Frontiers in Colorectal Surgery</i>	\$ 15,000.00	Continuing medical education
Total Olympus America Support	\$ 26,000.00	
Olympus Surgical America Inc.		
Co-supporter of the luncheon symposium on <i>Frontiers in Colorectal Surgery</i>	\$ 15,000.00	Continuing medical education
Total Olympus Surgical America Inc. Support	\$ 15,000.00	
Procter & Gamble		
Lanyards	\$ 8,000.00	Advertising
Total Procter & Gamble Support	\$ 8,000.00	
Richard Wolf Medical Instruments Corp.		
TEM Course	\$ 39,500.00	Continuing medical education
2006-2007 Membership Directory	\$ 20,000.00	Advertising
Total Richard Wolf Medical Instruments Support	\$ 59,500.00	
Roche Laboratories		
Poster reproductions and poster reproductions on CD-ROM	\$ 10,000.00	Enduring Material - no CME
Total Roche Laboratories Support	\$ 10,000.00	
Stryker Endoscopy		
Co-supporter of the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 11,000.00	Continuing medical education
Total Stryker Endoscopy Support	\$ 11,000.00	
SuturTek		
Supporter of the symposium on <i>Surgeon: Protect Thyself</i>	\$ 42,000.00	Continuing medical education
Total SuturTek Support	\$ 42,000.00	

TOTAL 2006 CME AND PROMOTIONAL SUPPORT \$ 773,962.00

*See attachment 1-A for a listing of 2006 Exhibitors

*See attachment 1-B for a listing of 2006 in-kind support

2007 ASCRS Corporate Sponsors Company Name	Grant Amount	Grant Type
Adolor Corporation and GlaxoSmithKline		
Supporter for the breakfast symposium: <i>Prevention/Treatment of Complications after Colorectal Surgery; Ileus...</i>	\$ 52,963.00	Continuing medical education
Convention Registration Bags	\$ 18,000.00	Advertising
Meeting Schedule Board	\$ 25,500.00	Advertising
Hotel Keys	\$ 8,500.00	Advertising
Total Adolor Support	\$ 104,963.00	
American Medical Systems		
Co-supporter of the symposium on <i>Pelvic Floor; View From the Other Side</i>	\$ 22,500.00	Continuing medical education
Total American Medical Systems Support	\$ 22,500.00	
Applied Medical		
Co-supporter <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 21,000.00	Continuing medical education
Co-supporter of the breakfast symposium on <i>Laparoscopic Colectomy: The Basics & Beyond</i>	\$ 21,000.00	Continuing medical education
Co-supporter <i>Advanced Laparoscopic Colectomy Techniques: The Tough Stuff</i>	\$ 11,000.00	Continuing medical education
Total Applied Medical Support	\$ 53,000.00	
Autosuture/Valleylab/Tyco Healthcare		
Co-supporter (grant & supplies) for the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 25,000.00	Continuing medical education
Co-supporter of the breakfast symposium on <i>Laparoscopic Colectomy: The Basics & Beyond</i>	\$ 25,000.00	Continuing medical education
Co-supporter of the symposium on <i>Advanced Laparoscopic Colectomy Techniques: The Tough Stuff</i>	\$ 25,000.00	Continuing medical education
Sponsor of the dinner symposium: <i>Complex Abdominal Wall Problems: Got Mesh?</i>	\$ 25,000.00	Continuing medical education
Total Autosuture/Valleylab/Tyco Healthcare Support	\$ 100,000.00	
B-K Medical Systems, Inc.		
Endorectal Ultrasound Course Hands-On-Lab	\$ 17,000.00	Continuing medical education
Total B-K Medical Systems, Inc. Support	\$ 17,000.00	
Centocor		
Partial support of the symposium on <i>Expert Exchange on Difficult Dilemmas in IBD</i>	\$ 5,000.00	Continuing medical education
Total Centocor Support	\$ 5,000.00	
ConvaTec, a Bristol Myers Squibb Company		
Supporter of the breakfast symposium: <i>The Critical Role of Allied Health Professionals in the Mgmt. of patients w/ Colorectal Diseases</i>	\$ 20,000.00	Continuing medical education
Total ConvaTec Support	\$ 20,000.00	
Cook Medical		
Supporter of the dinner symposium: <i>Biologics in C/R Surgery</i>	\$ 57,121.00	Continuing medical education
Total Cook Medical Support	\$ 57,121.00	

2007

2007 ASCRS Corporate Sponsors Company Name	Grant Amount	Grant Type
Ethicon Endo-Surgery, Inc.		
Co-supporter of the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 17,500.00	Continuing medical education
Supporter of the <i>Laparoscopic Colectomy for Senior Residents in General Surgery Workshop</i>	\$ 41,415.00	Continuing medical education
Executive Council Reception/Dinner	\$ 7,500.00	Other
Abstracts on Disk	\$ 28,500.00	Enduring material - non CME
"Save the Date" promotional brochure	\$ 27,000.00	Advertising
Co-supporter of the breakfast symposium on <i>Laparoscopic Colectomy: The Basics & Beyond</i>	\$ 29,000.00	Continuing medical education
Co-supporter of the symposium on <i>Advanced Laparoscopic Colectomy Techniques: The Tough Stuff</i>	\$ 27,000.00	Continuing medical education
Supporter of the symposium on <i>Directors' Corner: How to Make "State of the Art" Surgical Videos...</i>	\$ 20,000.00	Continuing medical education
2007 - 2008 Membership Directory	\$ 15,000.00	Advertising
Total Ethicon Endo-Surgery Support	\$ 212,915.00	
Ferndale Laboratories, Inc.		
Residents' Reception	\$ 9,500.00	Other
Total Ferndale Laboratories Support	\$ 9,500.00	
Genzyme Biosurgery		
Partial support for the symposium: <i>Center of Excellence</i>	\$ 12,500.00	Continuing medical education
Total Genzyme Biosurgery Support	\$ 12,500.00	
GlaxoSmithKline		
Supporter of the symposium: <i>Radical Resection for Rectal Cancer</i>	\$ 45,000.00	Continuing medical education
Total GlaxoSmithKline Support	\$ 45,000.00	
I-Flow Corporation		
Hotel Turn-down service with branded chocolates	\$ 4,000.00	Advertising
Total I-Flow Corporation Support	\$ 4,000.00	
Karl Storz Endoscopy-America, Inc.		
Co-supporter of the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 10,000.00	Continuing medical education
Total Karl Storz Endoscopy-America Support	\$ 10,000.00	
Kenwood Therapeutics		
Badge Lanyards	\$ 8,700.00	Advertising
Total Kenwood Therapeutics Support	\$ 8,700.00	
Konsyl Pharmaceuticals		
Residents' Breakfast	\$ 3,000.00	Continuing medical education
Total Konsyl Pharmaceuticals Support	\$ 3,000.00	
LifeCell		
Unrestricted educational grant	\$ 2,000.00	Continuing medical education
Total LifeCell Support	\$ 2,000.00	

2007 ASCRS Corporate Sponsors Company Name	Grant Amount	Grant Type
Merck & Co. Inc.		
Supporter of the symposium: <i>Controversies in Diverticulitis</i>	\$ 45,000.00	Continuing medical education
Licensing Fee for enduring material	\$ 10,000.00	Enduring material - non CME
Total Merck & Co. Support	\$ 55,000.00	
Microline/PENTAX Inc.		
Co-supporter of the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 3,000.00	Continuing medical education
Total Microline/PENTAX Support	\$ 3,000.00	
Myriad Genetic Laboratories		
Supporter of the breakfast symposium on <i>So What Do I Do Now? Case Discussions in Hereditary Colorectal Cancer</i>	\$ 52,120.00	Continuing medical education
Total Myriad Genetic Laboratories Support	\$ 52,120.00	
Olympus Surgical America Inc.		
Co-supporter of the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 12,000.00	Continuing medical education
Supporter of the symposium on <i>Advance Endoscopy & Natural Orifice Surgery</i>	\$ 45,000.00	Continuing medical education
Total Olympus Surgical America Support	\$ 57,000.00	
Parviz Kamangar Foundation		
Parviz Kamangar Humanities in Surg Lctr	\$ 5,000.00	Continuing medical education
Total Parviz Kamangar Support	\$ 5,000.00	
Progenics Pharmaceuticals		
Unrestricted educational grant	\$ 3,000.00	Continuing medical education
Total Progenics Pharmaceuticals Support	\$ 3,000.00	
Richard Wolf Medical Instruments Corp.		
TEM Course	\$ 40,000.00	Continuing medical education
Total Richard Wolf Medical Instruments Support	\$ 40,000.00	
Sanofi-Aventis		
Colorectal Cancer Abstract Presentation (Neoplasia I & II)	\$ 30,000.00	Continuing medical education
Total Sanofi-aventis Support	\$ 30,000.00	
Stryker Endoscopy		
Co-supporter of the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 6,000.00	Continuing medical education
Total Stryker Endoscopy Support	\$ 6,000.00	
Tissue Science		
Meet the Professor Breakfast on Tuesday	\$ 4,000.00	Continuing medical education
Total Tissue Science Support	\$ 4,000.00	
Wyeth		
Supporter of the breakfast symposium: <i>Technologic and Pharmacologic</i>	\$ 51,500.00	Continuing medical education
Placement of above symposium on Web site	\$ 20,000.00	Continuing medical education
Total Wyeth Support	\$ 71,500.00	

TOTAL 2007 CME AND PROMOTIONAL SUPPORT \$ 1,013,819.00

*See attachment 1-A for a listing of 2007 Exhibitors

*See attachment 1-B for a listing of 2007 in-kind support

2008 ASCRS Corporate Sponsors Company Name	Grant Amount	Grant Type
Adolor Corporation and GlaxoSmithKline		
Breakfast Symposium on <i>Fast Track Recovery After Colorectal Surgery</i>	\$ 59,840.00	Continuing medical education
Daily Schedule Board	\$ 26,500.00	Advertising
Registration Bags	\$ 19,000.00	Advertising
Hotel Key Cards	\$ 9,500.00	Advertising
Total Adolor Support	\$ 114,840.00	
Alaven Pharmaceutical		
Exhibit Hall Restrooms	\$ 10,000.00	Advertising
Total Alaven Pharmaceutical Support	\$ 10,000.00	
American Medical Systems		
Partial Support of the Symposium on <i>Advances in the Treatment of Incontinence and Pelvic Floor Disorders</i>	\$ 25,000.00	Continuing medical education
Total American Medical Systems Support	\$ 25,000.00	
Amgen		
Partial Support of the Symposium on <i>Treating Colorectal Cancer Patients in the Era of Molecular Therapy</i>	\$ 10,000.00	Continuing medical education
Total Amgen Support	\$ 10,000.00	
Applied Medical		
Co-supporter for the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 23,000.00	Continuing medical education
Co-supporter - Breakfast Symposium on <i>Laparoscopy: Nuts, Bolts & Beyond</i>	\$ 20,000.00	Continuing medical education
Co-supporter - Symposium on <i>Laparoscopic Rectal Resection - Trials and Tribulations</i>	\$ 20,000.00	Continuing medical education
Co-supporter - for the course on <i>Laparoscopic Colectomy for Senior Residents in General Surgery</i>	\$ 20,000.00	Continuing medical education
Total Applied Medical Support	\$ 83,000.00	
B-K Medical Systems, Inc.		
Endorectal Ultrasound Course	\$ 17,000.00	Continuing medical education
Total B-K Medical Systems Support	\$ 17,000.00	
Bristol-Myers Squibb and ImClone Systems		
Partial Support of the Symposium on <i>Treating Colorectal Cancer Patients in the Era of Molecular Therapy</i>	\$ 10,000.00	Continuing medical education
Total Bristol-Myers Squibb and ImClone Systems	\$ 10,000.00	
ConvaTec, a Bristol Myers Squibb Company		
Saturday Allied Health Program on <i>The Critical Role of Allied Health Professionals in the Management of Patients with Colorectal Diseases.</i>	\$ 10,000.00	Continuing medical education
Total ConvaTec Support	\$ 10,000.00	
Cook Medical		
Luncheon Symposium on <i>Modern Management of Anal Fistulas</i>	\$ 56,797.00	Continuing medical education
Total Cook Medical Support	\$ 56,797.00	

2008

2008 ASCRS Corporate Sponsors Company Name	Grant Amount	Grant Type
Covidien (formerly Autosuture/Valleylab/Tyco Healthcare)		
ASCRS Executive Council Dinner at the ACS Meeting	\$ 8,000.00	Other
Lead Retrieval	\$ 15,000.00	Advertising
Note pads and pens	\$ 6,000.00	Advertising
Banner in the Convention Center	\$ 10,000.00	Advertising
Co-supporter - <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 27,000.00	Continuing medical education
Co-supporter - <i>Laparoscopic Colectomy for Senior Residents in General Surgery</i>	\$ 25,000.00	Continuing medical education
Co-supporter - Breakfast Symposium on <i>Laparoscopy: Nuts, Bolts & Beyond</i>	\$ 18,000.00	Continuing medical education
Co-supporter - Dinner symposium on <i>Technologic Advances in the</i>	\$ 18,000.00	Continuing medical education
"Meet the Professor" Breakfasts on Monday	\$ 6,000.00	Continuing medical education
Total Covidien Support	\$ 133,000.00	
Ethicon Endo-Surgery, Inc.		
"Save the Date" Brochure	\$ 25,000.00	Advertising
Executive Council Dinner	\$ 8,000.00	Other
Abstracts on Disk	\$ 30,000.00	Enduring material - non CME
Co-supporter - <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 10,250.00	Continuing medical education
Co-supporter - <i>Laparoscopic Colectomy for Senior Residents in General Surgery</i>	\$ 25,000.00	Continuing medical education
Co-supporter - Symposium on <i>Laparoscopic Rectal Resection - Trials and Tribulations</i>	\$ 31,000.00	Continuing medical education
Tuesday Symposium - <i>How Will We Train the Next Generation of</i>	\$ 47,000.00	Continuing medical education
Pocket Program Guide	\$ 10,000.00	Advertising
2008 - 2009 ASCRS Membership Directory	\$ 20,000.00	Advertising
Badge Lanyards	\$ 12,121.00	Advertising
Co-supporter - Breakfast Symposium on <i>Laparoscopy: Nuts, Bolts & Beyond</i>	\$ 25,000.00	Continuing medical education
Co-supporter - Sunday Symposium on <i>Robotics in Colorectal Surgery</i>	\$ 25,000.00	Continuing medical education
Total Ethicon Endo-Surgery Support	\$ 268,371.00	
Ferndale Laboratories, Inc.		
Residents' Reception	\$ 10,000.00	Other
Total Ferndale Laboratories Support	\$ 10,000.00	
Genzyme Biosurgery		
Bottled Water in the Hotel Room (Sunday)	\$ 6,000.00	Advertising
Partial Support of the Saturday Symposium "Ensuring Quality Care for Colorectal Surgery Patients: Redesigning the System"	\$ 37,000.00	Continuing medical education
Co-supporter - <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 10,000.00	Continuing medical education
Total Genzyme Biosurgery Support	\$ 53,000.00	

2008 ASCRS Corporate Sponsors		
Company Name	Grant Amount	Grant Type
Graceway Pharmaceuticals		
Partial Support of the Saturday Symposium "Controversies in the Current Treatment of Anal Intraepithelial Neoplasm"	\$ 23,500.00	Continuing medical education
Total Graceway Pharmaceuticals Support	\$ 23,500.00	
Intuitive Surgical		
Co-supporter - Sunday Luncheon Symposium "Robotics in Colorectal Surgery"	\$ 47,000.00	Continuing medical education
Total Intuitive Surgical Support	\$ 47,000.00	
Karl Storz Endoscopy-America, Inc.		
Co-supporter - <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 10,000.00	Continuing medical education
Total Karl Storz Endoscopy-America Support	\$ 10,000.00	
Konsyl Pharmaceuticals		
Resident's Breakfast	\$ 6,000.00	Continuing medical education
Total Konsyl Pharmaceuticals Support	\$ 6,000.00	
Merck & Co., Inc.		
Supporter of the Tuesday breakfast symposium on <i>Improving Outcomes</i>	\$ 47,000.00	Continuing medical education
Licensing Fee	\$ 12,260.00	Enduring material - non CME
Total Merck Support	\$ 59,260.00	
Microline/PENTAX Inc.		
Co-sponsor: for the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 3,500.00	Continuing medical education
Co-supporter - <i>Laparoscopic Colectomy for Senior Residents in General Surgery</i>	\$ 3,500.00	Continuing medical education
Total Microline/PENTAX Support	\$ 7,000.00	
Myriad Genetic Laboratories		
Symposium on <i>Identification, Testing, and Treatment of patients with</i>	\$ 56,630.00	Continuing medical education
Vodcast of Symposium	\$ 20,000.00	Continuing medical education
Total Myriad Genetic Laboratories Support	\$ 76,630.00	
Olympus Surgical America Inc.		
Co-sponsor: for the <i>Hand Assisted Laparoscopic Intestinal Surgery Workshop</i>	\$ 10,000.00	Continuing medical education
Co-sponsor for the dinner symposium on <i>Technologic Advances in the Diagnosis and Treatment of Colorectal Diseases</i>	\$ 25,000.00	Continuing medical education
Co-sponsor for the breakfast symposium on <i>Laparoscopy: Nuts Bolts and Beyond</i>	\$ 25,000.00	Continuing medical education
Total Olympus Surgical America Support	\$ 60,000.00	
Parviz Kamangar Foundation		
Parviz Kamangar Humanities in Surg Lctr	\$ 5,000.00	Continuing medical education
Total Parviz Kamangar Support	\$ 5,000.00	
Power Medical Interventions, Inc.		
Co-sponsor for the dinner symposium on <i>Technologic Advances in the Diagnosis and Treatment of Colorectal Diseases</i>	\$ 25,000.00	Continuing medical education
Total Power Medical Interventions Support	\$ 25,000.00	
Richard Wolf Medical Instruments Corp.		
TEM Course	\$ 41,000.00	Continuing medical education
Total Richard Wolf Medical Instruments Support	\$ 41,000.00	

2009 ASCRS Corporate Sponsors Company Name	Grant Amount	Grant Type
Adolor Corporation and GlaxoSmithKline		
Daily Schedule Board	\$ 27,500.00	Advertising
Advance Registration Brochure	\$ 12,000.00	Advertising
Co-sponsor of Monday's symposium on <i>Enhanced Recovery Protocols</i>	\$ 42,000.00	Continuing medical education
Co-sponsors of Sunday's Luncheon Symposium on <i>Perioperative Considerations</i>	\$ 58,000.00	Continuing medical education
POI Study Guide	\$ 30,000.00	Enduring material - non CME
Total Adolor/GSK support	\$ 169,500.00	
American Medical Systems		
Co-sponsor of Sunday's breakfast symposium on <i>Prosthetics in Colorectal Surgery</i>	\$ 10,000.00	Continuing medical education
Total American Medical Systems support	\$ 10,000.00	
Applied Medical		
Co-sponsor of the Sunday <i>Hand-Assist Laparoscopic Intestinal Surgery Workshop (HALS)</i>	\$ 23,000.00	Continuing medical education
<i>Surgery: Nuts, Bolts & New Tools for Your Toolbox</i>	\$ 23,500.00	Continuing medical education
Partial support of the Monday symposium on <i>Rectal Cancer</i>	\$ 23,500.00	Continuing medical education
Total Applied Medical support	\$ 70,000.00	
Boston Scientific Endoscopy		
Tuesday Breakfast Symposium on <i>Developments in Colonic Stenting</i>	\$ 57,000.00	Continuing medical education
Total Boston Scientific Endoscopy support	\$ 57,000.00	
Centocor Ortho Biotech Services LLC		
Scientific Session - IBD	\$ 4,000.00	Continuing medical education
Total Centocor Ortho Biotech Services LLC support	\$ 4,000.00	
ConvaTec Inc.		
Sunday's Allied Health Program for Nurses on <i>The Critical Role of Allied Health Professionals in the Management of Patients with Colorectal Disease</i>	\$ 5,000.00	Continuing medical education
Total ConvaTec Inc. support	\$ 5,000.00	
Cook Medical		
Co-sponsor of Sunday's breakfast symposium on <i>Prosthetics in Colorectal Surgery</i>	\$ 10,000.00	Continuing medical education
Total Cook Medical support	\$ 10,000.00	

2009

2009 ASCRS Corporate Sponsors Company Name	Grant Amount	Grant Type
Covidien (formerly Autosuture/Valleylab/Tyco Healthcare)		
ASCRS Executive Council Dinner at the ACS Meeting	\$ 8,000.00	Other
Lead Retrieval Card	\$ 15,000.00	Advertising
Internet Café	\$ 23,000.00	Advertising
Co-supporter of Saturday's <i>Laparoscopic Colectomy Workshop</i>	\$ 23,000.00	Continuing medical education
Co-supporter of the Symposium on <i>Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox</i>	\$ 18,000.00	Continuing medical education
Co-supporter of the <i>Hand-Assist Laparoscopic Intestinal Surgery Workshop</i>	\$ 23,000.00	Continuing medical education
Co-supporter of the Symposium on <i>Energy Devices in Colon & Rectal Surgery</i>	\$ 25,000.00	Continuing medical education
Total Covidien support	\$ 135,000.00	
DiagnoCure Oncology Laboratories		
Breakfast Symposium <i>Lymph Nodes: Prognostic, Therapeutic and Quality Implications</i>	\$ 10,000.00	Continuing medical education
Total DiagnoCure Oncology Laboratories support	\$ 10,000.00	
Ethicon Endo-Surgery, Inc.		
Hotel Key Cards	\$ 9,500.00	Advertising
"Save the Date" Brochure	\$ 25,000.00	Advertising
Executive Council Dinner	\$ 8,000.00	Other
Abstracts on Disk	\$ 30,000.00	Enduring material - non CME
Pocket Program Guide	\$ 10,000.00	Advertising
2009 - 2010 ASCRS Membership Directory	\$ 20,000.00	Advertising
Exhibit Aisle Markers	\$ 30,000.00	Advertising
Banners in the Convention Center	\$ 11,000.00	Advertising
Janus Boards in the Convention Center	\$ 19,000.00	Advertising
Co-supporter of the <i>Laparoscopic Colectomy Workshop</i>	\$ 25,000.00	Continuing medical education
Co-supporter of the <i>Hand-Assist Laparoscopic Intestinal Surgery Workshop</i>	\$ 10,250.00	Continuing medical education
Co-supporter of the <i>Laparoscopic Colectomy Course for Senior Residents in General Surgery</i>	\$ 27,000.00	Continuing medical education
Co-supporter of the Symposium on <i>Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox</i>	\$ 25,000.00	Continuing medical education
Co-supporter of the Symposium on <i>Technological Advances in the Diagnosis and Treatment of Colorectal Diseases</i>	\$ 15,000.00	Continuing medical education
Co-supporter of the Symposium on <i>Energy Devices in Colon & Rectal Surgery</i>	\$ 25,000.00	Continuing medical education
Co-sponsor of the ASCRS/SAGES Joint Symposium on <i>NOTES</i>	\$ 15,000.00	Continuing medical education
Research Development Focus Group at ACS	\$ 30,000.00	Research development focus group
Research Development Focus Group at ACS	\$ 30,000.00	Research development focus group
Total Ethicon Endo-Surgery support	\$ 364,750.00	
Ethicon, Inc.		
Co-supporter of the breakfast symposium on <i>Prosthetics in Colorectal Surgery</i>	\$ 2,000.00	Continuing medical education
Total Ethicon, Inc. support	\$ 2,000.00	

2009 ASCRS Corporate Sponsors		
Company Name	Grant Amount	Grant Type
Ferndale Laboratories, Inc.		
Residents' Reception	\$ 10,000.00	Other
Total Ferndale Laboratories, Inc. support	\$ 10,000.00	
Genentech BioOncology		
Partial support of the symposium on <i>Evaluation and Management of Metastatic Colon and Rectal Cancer</i>	\$ 23,500.00	Continuing medical education
Total Genentech BioOncology support	\$ 23,500.00	
Genzyme Biosurgery		
Co-supporter of the symposium on <i>Enhanced Recovery Protocols</i>	\$ 20,000.00	Continuing medical education
Co-supporter of the <i>Hand-Assist Laparoscopic Intestinal Surgery Workshop</i>	\$ 5,000.00	Continuing medical education
Total Genzyme Biosurgery support	\$ 25,000.00	
Genzyme		
Co-supporter of the Dinner symposium on <i>Understanding Syndromes of Inherited Colorectal Cancer</i>	\$ 1,500.00	Continuing medical education
Total Genzyme support	\$ 1,500.00	
Intuitive Surgical, Inc.		
Symposium - Robotics	\$ 30,000.00	Continuing medical education
Total Intuitive Surgical support	\$ 30,000.00	
Konsyl Pharmaceuticals		
Residents' Breakfast	\$ 6,000.00	Continuing medical education
Total Konsyl Pharmaceuticals support	\$ 6,000.00	
Mederi Therapeutics, Inc.		
Co-supporter of the Symposium on <i>Technological Advances in the Diagnosis and Treatment of Colorectal Diseases</i>	\$ 25,000.00	Continuing medical education
Total Mederi Therapeutics support	\$ 25,000.00	
Medtronic, Inc.		
Supporter of the ASCRS/IFFGD Joint Symposium on <i>Fecal Incontinence</i>	\$ 47,000.00	Continuing medical education
Co-supporter of the Symposium on <i>Technological Advances in the Diagnosis and Treatment of Colorectal Diseases</i>	\$ 20,000.00	Continuing medical education
8' x 16' Banner in the Convention Center	\$ 11,000.00	Advertising
Total Medtronic support	\$ 78,000.00	
Merck & Co., Inc.		
Co-supporter of the Luncheon Symposium on <i>Perioperative Considerations</i>	\$ 10,000.00	Continuing medical education
Total Merck support	\$ 10,000.00	
Microline/PENTAX Inc.		
Co-supporter of the <i>Laparoscopic Colectomy Workshop</i> (laboratory session only)	\$ 3,500.00	Continuing medical education
Total Microline Pentax support	\$ 3,500.00	
Myriad Genetic Laboratories		
Co-supporter of the Dinner symposium on <i>Understanding Syndromes of Inherited Colorectal Cancer</i>	\$ 47,000.00	Continuing medical education
Total Myriad Genetic Laboratories support	\$ 47,000.00	

2006 ASCRS EXHIBITORS**1-A**

June 3 – 7, 2006

Washington State Convention & Trade Center
Seattle, WA

<u>Booth #</u>	<u>Name of Company</u>	<u>Size</u>	<u>Cost</u>
100,102	Genzyme Biosurgery	10x20	\$5,200
105	Tyco Healthcare	30x30	\$27,000
108	Springer	10x10	-0-
110,112	B-K Medical	10x20	\$4,600
113	Curon Medical	20x20	\$11,200
114	Redfield	10x10	\$2,600
118,120	Richard Wolf	10x20	\$4,900
119	Procter & Gamble	10x10	\$2,600
121	Myriad	10x10	\$2,600
122	IFFGD	10x10	\$300
124	Collaborative Group of the Americas	10x10	-0-
125,127	Market Access	10x20	\$5,200
126	Fujinon	10x10	\$2,600
130	Oncotech	10x10	\$2,600
131	Kenwood Therapeutics	10x10	\$2,600
132	Tools for Surgery	10x10	\$2,300
134	Lippincott Williams & Wilkins	10x10	\$2,300
135	SuturTek	20x20	\$11,200
136,138	THD America	10x20	\$4,900
201	Fleet Labs	10x10	\$2,600
213	Cook	20x20	\$11,200
218,220	Olympus	10x20	\$5,200
219,221	sanofi-aventis	10x20	\$5,200
224	Sontec	10x10	\$2,600
225,227	Power Medical	10x20	\$5,200
226	Calmoseptine	10x10	\$2,600
230	Stryker	10x10	\$2,600
231	Saunders/Mosby/Churchill	10x10	\$2,600
233	Mahe International, Inc.	10 x 10	\$2,300
237	Hollister Inc	10x10	\$2,600
300	Konsyl	10x10	\$2,600
301	Origyn Rx	10x10	\$2,300
304	Ethicon Endo Surgery	20x30	\$16,800
313	Gore & Assoc	20x20	\$11,200
318	Axcan Pharma	10x10	\$2,600
319	GSK Consumer	10x10	\$2,600
320	Sandhill	10x10	\$2,600
321	LoneStar	10x10	\$2,600
324	Ferndale	10x10	\$2,600
325	ResiCal	10x10	\$2,600
326	ESI	10x10	\$2,600

CONTINUED - 2006 ASCRS EXHIBITORS

<u>Booth #</u>	<u>Name of Company</u>	<u>Size</u>	<u>Cost</u>
327	ColoPlast	10x10	\$2,600
330	Aloka	10x10	\$2,600
331	MD Logic	10x10	\$2,600
332	Exemplo Medical	10 x 10	\$2,300
333	Viking Systems	10x10	\$2,300
334	Ortho Biotech	10x10	\$2,300
335,337	Karl Storz Endoscopy America	10x20	\$4,900
336	Braintree	10x10	\$2,600
400	HRA	10x10	\$2,300
401	ConvaTec, A Bristol-Myers Squibb Co.	10x10	\$2,300
404	Applied Medical	20x30	\$16,800
413	SurgRx Inc	20x20	\$11,200
418	GSK	10x20	\$5,200
419	GSK/Adolor	10x20	\$5,200
424	Merck	10x10	\$2,600
425	Ellman	10x10	\$2,600
426	Snowden Pencer	10x10	\$2,600
427	I-Flo	10x10	\$2,600
430	Lumitrex	10x10	\$2,600
431	Schwarz Pharma	10 x 10	\$2,600
433	Sigma-Tau Pharmaceuticals	10 x 10	\$2,300
435	Lexion Medical	10 x 10	\$2,300
436	Gyrus ACMI	10x10	\$2,600
437	LifeCell Corporation	10 x 10	\$2,600
500	Roche	10x10	\$2,300
501	George Percy McGown	10x10	\$2,600
507	Pfizer	10x10	\$2,600
509	CS Surgical	10x10	\$2,600
511	Jamark	10x10	\$2,300
513	General Surgery News	10x10	-0-
515,517	Tissue Science (TSL)	10x20	\$4,600
518,520	American Medical Systems	10x20	\$5,200
519,521	Pentax	10x20	\$4,900
524,526	Mast BioSurgery	10x20	\$5,200
530	Medtronic, Inc	10 x 10	\$2,600
532	Microline Pentax	10 x 10	\$2,300
536	Ambulatory Surgical Centers of America	10 x 10	\$2,600

Cancellations of Space:

Boston Scientific (cancelled) 10x20 \$4,600 (paid no deposit) cancelled 3/16/06
 Ethicon Endo Surgery (cancelled) 432,434 (Paid \$4600 and refunded \$4600)

2007 ASCRS EXHIBITORS

June 2 – 6, 2007

America's Center & Renaissance Grand Hotel
St. Louis, MO

<u>Booth #</u>	<u>Name of Company</u>	<u>Size</u>	<u>Cost</u>
107	Fleet Laboratories	10x10	\$2,700
109	Ferndale Laboratories, Inc.	10x10	\$2,700
110	Sontec Instruments	10x10	\$2,700
112	Oncotech	10x10	\$2,400
113	Konsyl Pharmaceuticals, Inc	10x10	\$2,700
114	General Surgery News	10x10	\$-0-
115,117	Adolor/GSK	10x20	\$4,800
118	Cardinal Health, Snowden Pencer	10x10	\$2,700
119	Milestone Scientific Inc	10x10	\$2,400
120	Evidence Based Reviews in Surgery	10x10	\$-0-
121	Sapi Med S.P.A.	10x10	\$2,400
122,124,126	Genzyme	10x30	\$7,200
123	Microline PENTAX	10x10	\$2,400
125	Tools for Surgery	10x10	\$2,700
128	Mediwatch, PLC	10x10	\$2,400
129	Lumitex MD	10x10	\$2,700
131,133	Pentax Medical Company	10x20	\$4,800
132,134	Karl Storz Endoscopy-America	10x20	\$5,100
135	Medical Measurement Systems	10x10	\$2,400
136	IntraOp Medical Corporation	10x10	\$2,400
137	Starion Instruments	10x10	\$2,700
206	Mast Biosurgery	10x10	\$2,700
207	Lippincott Williams & Wilkins	10x10	\$2,700
208	MD Logic Inc	10x10	\$2,700
209	GlaxoSmithKline Consumer Healthcare	10x10	\$2,700
212,214	Olympus Surgical America	10x20	\$5,100
215	Cook Medical	20x20	\$11,600
216,218	B-K Medical Systems Inc.	10x20	\$4,800
220	Collaborative Group of the Americas	10x10	\$-0-
221	Ethicon Endo-Surgery Inc	30x30	\$37,900
222,224	Myriad Genetic Laboratories	10x20	\$5,100
228	Electro-Surgical Instrument Company	10x10	\$2,700
229	Gyrus ACMI	20x20	\$11,600
234	C S Surgical Inc	10x10	\$2,400
230,232	Q-Med Inc	10x20	\$4,800
235,237	American Medical Systems	10x20	\$5,400
236	Lotus Hygiene Systems	10x10	\$2,700
302	OrigynRx	10x10	\$2,700
303	Davol	10x10	\$2,400
306	Calmoseptine, Inc.	10x10	\$2,700

CONTINUED - 2007 ASCRS EXHIBITORS

<u>Booth #</u>	<u>Name of Company</u>	<u>Size</u>	<u>Cost</u>
307	Procter & Gamble	10x10	\$2,700
308	Coloplast	10x10	\$2,700
309	Kenwood Therapeutics	10x10	\$2,700
313	Applied Medical	20x30	\$17,400
329	Spring	10x10	\$-0-
331	MedChannel LLC	10x10	\$2,400
333	Schwarz Pharma	10x10	\$2,400
334	ResiCal Inc	10x10	\$2,700
335	InformaHealthcare	10x10	\$2,400
336	Sigma-Tau Pharmaceuticals, Inc	10x10	\$2,700
337	Incisive Surgical	10x10	\$2,700
400	American College of Surgeons	10x10	\$500
402	Novare Surgical Systems Inc.	10x10	\$2,400
403	The Prometheus Group	10x10	\$2,400
406,408	Stryker	10x20	\$5,400
407,409	Richard Wolf Medical Instruments	10x20	\$5,400
415	Tissue Science	20x20	\$11,600
420	AutoSuture & Valley Lab	30x40	\$37,200
428	ALOKA Ultrasound	10x10	\$2,700
429	SurgRx, Inc.	20x20	\$11,600
430	Merck & Co, Inc	10x10	\$2,400
432	HRA Research	10x10	\$2,400
434,436	Power Medical	10x20	\$5,100
435	Advanced Infusion	10x10	\$2,700
437	VortekSurgical	10x10	\$2,700
500,503	sanofi-aventis	10x20	\$5,100
502	Engineered Medical Solutions	10x10	\$2,400
506	Hollister Incorporated	10x10	\$2,700
507	Alpine BioMed	10x10	\$2,700
509			
508	Ellman International	10x10	\$2,700
513	Gore & Associates	20x20	\$11,600
519,521	Market Access Partners	10x20	\$5,100
523	Redfield Corporation	10x10	\$2,400
525	IFFGD	10x10	\$300
529	Elsevier/Mosby/Saunders	10x10	\$2,700
531	Exempla	10x10	\$2,400
533	J Hugh Knight Instrument Company LLC	10x10	\$2,400
534	George Percy McGown	10x10	\$2,700
535	CRH Medical Corp	10x10	\$2,400
536	Mahe International Inc	10x10	\$2,700
537	Salix Pharmaceuticals	10x10	\$2,700
606	Hitachi Medical Systems	10x10	\$2,700
608	NiTi Medical Technologies	10x10	\$2,700
617	Sandhill Scientific	10x10	\$2,400
618			

CONTINUED - 2007 ASCRS EXHIBITORS

<u>Booth #</u>	<u>Name of Company</u>	<u>Size</u>	<u>Cost</u>
620	Fujinon Inc	10x10	\$2,400
622	I-Flow Corporation	10x10	\$2,400
623,625	Ethicon Endo Surgery	10x20	\$5,100
624	Lexion Medical	10x10	\$2,700
628	Ortho Biotech Products	10x10	\$2,700
630	Cooper	10x10	\$2,400
632	Axcan Pharma	10x10	\$2,400
634,636	Alaven Pharmaceuticals	10x20	\$5,100

Cancellations of Space:

Medtronic Inc, 10x10, \$2,700 paid in full, cancelled 2/15/07- refunded \$2500, retained \$200

Alpine Biomed, 10x10, \$2,700, paid \$1350, cancelled 2/15/07 – refunded \$1350

Novare switched booths from 336 to 402 – refunded \$300

Fleming & Co cancelled, paid \$1,350 cancelled 3/22/07 – retained deposit

Braintree cancelled 3/29/07- paid \$1,350 deposit – retained deposit (booth 206)

Synovis Surgical Innovations cancelled 5/10/07 – paid \$2,700 – retained \$2700 booth 509

LifeCell Corporation cancelled 5/24/07, paid \$2,700 retained \$2700 (booth 618)

2008 ASCRS EXHIBITORS**June 7 – 11, 2008****Hynes Convention Center & Sheraton Boston Hotel****Boston, MA**

<u>Booth #</u>	<u>Name of Company</u>	<u>Size</u>	<u>Cost</u>
200	George Percy McGown	10x10	\$2,800
201	Caris Dx	10x10	\$2,500
203	Collaborative Group of the Americas	10x10	\$-0-
206	Kimberly-Clarke	10x10	\$2,800
207	Hitachi Medical Systems America Inc	10x10	\$2,800
209	The Prometheus Group	10x10	\$2,500
210	O.R. Solutions Inc	10x10	\$2,800
211	RG Medical USA/Mahe International Inc	10x10	\$2,800
212	Northwestern University	10x10	\$2,500
214	Alaven Pharmaceutical LLC	10x20	\$5,300
215	SalixPharmaceuticals Inc	20x20	\$12,000
221,223	Adolor	20x20	\$12,000
226,228	Novadaq	10x20	\$5,600
300,301,303	THD America Inc	10x30	\$7,500
306	MedPage Today, LLC	10x10	\$2,800
307,309	Richard Wolf Medical Instruments	10x20	\$5,300
308	Deltec Medical	10x10	\$2,500
310	Vortek	10x10	\$2,800
311	LWW	10x10	\$2,800
315	Birchwood Laboratories, Inc	10x10	\$2,800
317	A.M.I. Agency for Medical Innovations	10x10	\$2,800
320	American Medical Systems	10x20	\$5,600
321	Gyrus ACMI	20x20	\$12,000
327	DiagnoCure Oncology Laboratories	10x10	\$2,800
329	Gunn Allen Financial	10x10	\$2,800
400	Power Medical	10x20	\$5,300
406	Advanced Infusion	10x10	\$2,800
407	Springer	10x10	\$-0-
408	Ferndale Laboratories Inc	10x10	\$2,500
409	Cochrane Colorectal Cancer Group	10x10	\$300
410	Electro Surgical Instrument Company	10x10	\$2,800
411	Automated Medical Products Corp	10x10	\$2,800
414,416	Pentax Medical Company	10x20	\$5,600
415	Tissue Science	20x20	\$12,000
522	Mediwatch PLC	20x20	\$12,000
426	sanofi-aventis	10x20	\$5,600
427	American Express	10x10	\$2,800
429	LumitexMD	10x10	\$2,500
506	Merck & Co., Inc	10x10	\$2,800
507	Cardinal Health, Snowden Pencer Products	10x10	\$2,800
508	Informa Healthcare	10x10	\$2,500

CONTINUED - 2008 ASCRS EXHIBITORS

<u>Booth #</u>	<u>Name of Company</u>	<u>Size</u>	<u>Cost</u>
509	Calmoseptine, Inc	10x10	\$2,800
510	Microline PENTAX	10x10	\$2,800
612,614,616	NiTi Surgical Solutions	20x30	\$18,000
521,523,620	Intuitive Surgical	20x20	\$12,000
526	Starion Instruments	10x10	\$2,800
527	Bard Urological Division	10x10	\$2,800
528	Axcan Pharma	10x10	\$2,800
529	Putnam Associates	10x10	\$2,500
605	Fleet Laboratories	10x10	\$2,800
606	Sandhill Scientific	10x10	\$2,800
608	Cooper Surgical	10x10	\$2,800
609	ARMM, Inc.	10x10	\$2,500
613	Tools for Surgery, LLC	10x10	\$2,500
617	SAPI Med SpA	10x10	\$2,800
626	Ellman International	10x10	\$2,800
701	Elsevier	10x10	\$2,800
707,709	BK Medical Systems, Inc	10x20	\$5,300
711	EZ Surgical Inc	10x10	\$2,800
715,717	W.L. Gore & Associates	10x20	\$5,600
721	Sigma-Tau Pharmaceuticals	10x10	\$2,500
723	HRA Research	10x10	\$2,500
725	MediCapture Inc	10x10	\$2,800
800	Origyn Rx	10x10	\$2,500
801	Boston Scientific	10x10	\$2,800
806	Fujinon	10x10	\$2,800
807	Ethicon Endo-Surgery	30x30	\$28,800
808	Karl Storz Endoscopy	10x10	\$2,500
810	Stryker	10x10	\$2,800
814	Konsyl Pharmaceuticals Inc	10x10	\$2,800
815	Genzyme Biosurgery	20x20	\$12,000
816	General Surgery News	10x10	\$-0-
820	Redfield Corporation	10x10	\$2,800
821,823	Cook Medical	10x20	\$5,300
822	IFFGD	10x10	\$300
824	Sontec Instruments	10x10	\$2,800
825	ResiCal Inc	10x10	\$2,800
915	SurgRx, Inc	20x20	\$12,000
920.922	Market Access Partners	10x20	\$5,300
921	Applied Medical	20x30	\$18,000
924	Aloka Ultrasound	10x10	\$2,800
1000	MD Logic	10x10	\$2,800
1001	Oncotech	10x10	\$2,500
1002	American Cancer Society	10x10	\$-0-
1007	Covidien	30x40	\$38,400
1015,1017	Olympus Surgical America	10x20	\$5,600

CONTINUED - 2008 ASCRS EXHIBITORS

<u>Booth #</u>	<u>Name of Company</u>	<u>Size</u>	<u>Cost</u>
1021	Myriad Genetic Laboratories	10x20	\$5,300
1025	CS Surgical, Inc	10x10	\$2,800
1100	Marriott Vacation Club	10x10	\$2,500
1102	IntraOp Medical Corp	10x10	\$2,800
1107	Novare Surgical Systems	10x10	\$2,800
1111	Thompson Surgical Instruments	10x10	\$2,800
1114	Coloplast	10x10	\$2,800
1115,1117	Q-Med Inc	10x20	\$5,600
1116	LifeCell Corporation	10x10	\$2,800
1120	Mast Biosurgery	10x10	\$2,800
1121	Engineered Medical Solutions	10x10	\$2,800
1122,1124	I-Flow Corporation	10x20	\$5,300
1123	Colinix Medical Ltd	10x10	\$2,500
1125	Oceania Properties	10x10	\$2,800

Cancellations of Space:

Alpine Biomed cancelled 2/7/08-returned \$2,800 deposit

Kenwood Therapeutics cancelled 2/28/08 – paid \$1,400 deposit and retained

Informa Healthcare cancelled 3/13/08 - paid \$2,800 and retained \$1,400, refunded \$1,400, reinstated 5/19/08

Wyeth Pharmaceuticals cancelled 3/25/08-paid \$2,500 and retained \$1,400, refunded \$1,100

SurgiQuest cancelled 4/22/08- paid \$2,800, retained \$2,100 and refunded \$700

Aragon Surgical Inc, booth 311, cancelled 4/28/08- paid \$2,800, retained \$2,100, and refunded \$700

Med Images Inc, cancelled 4/30/08 – paid \$1,250 retained \$1,250, booth 508

Ortho Biotech Products LP, booth 606, cancelled 5/5/08-paid \$2,800 retained \$2,800

2009 ASCRS EXHIBITORS

May 2 – 6, 2009
The Westin Diplomat
Hollywood, FL

<u>Booth #</u>	<u>Name of Company</u>	<u>Size</u>	<u>Cost</u>
102	George Percy McGown	10x10	\$2,600
104	Mederi Therapeutics	10x10	\$2,600
105	RG Medical USA	10x10	\$2,900
107	MFB International Inc	10x10	\$2,600
109	Wiley-Blackwell	10x10	\$2,900
113	Lumitex MD	10x10	\$2,900
115	Sierra Scientific Inst	10x10	\$2,600
117	Exiqon Diagnostics (Oncotech)	10x10	\$2,900
120	Vortek Surgical	10x10	\$2,900
121	Salix Pharmaceuticals	20x20	\$12,400
200	Sandhill Scientific	10x10	\$2,900
204	Sontec Instruments	10x10	\$2,900
205	Boston Scientific	10x10	\$2,900
206,208	Life Cell	10x20	\$5,500
207	Collaborative Group of Americas	10x10	\$-0-
209	ResiCal Inc	10x10	\$2,900
212	Electro Surgical Instruments Co	10x10	\$2,900
214	Alaven Pharmaceuticals LLC	10x20	\$5,500
215	Intuitive Surgical	20x20	\$12,400
221	Mediwatch PLC	10x10	\$2,900
223	Smart Pill Corporation	10x10	\$2,900
300	Advanced Infusion Inc	10x10	\$2,900
301	Ferndale Laboratories	10x10	\$2,600
304	MD Logic, Inc.	10x10	\$2,900
305	Covidien	30x40	\$39,600
306	Lippincott, Williams & Wilkins	10x10	\$-0-
308	International Foundation for Functional Gastrointestinal Disorders (IFFGD)	10x10	\$500
313,315	BK Medical Systems	10x20	\$5,500
317	Cardinal Health	10x10	\$2,900
320	Alpine Biomed	10x20	\$5,800
321	Medtronic Inc	20x20	\$12,400
327	American College of Surgeons Onc Group	10x10	\$500
328	Laborie Medical	10x10	\$2,600
400	Agency for Medical Innovations	10x10	\$2,900
412	Konsyl Pharmaceuticals, Inc	10x10	\$2,900
413	Richard Wolf Medical Inst	20x20	\$12,400
414	Kimberly-Clark	10x10	\$2,600
416	Ellman International	10x10	\$2,900
419	C S Surgical Inc	10x10	\$2,900
421	Top Placement on Google & Yahoo	10x10	\$2,600
423	HRA Research	10x10	\$2,600

CONTINUED 2009 ASCRS EXHIBITORS

<u>Booth #</u>	<u>Name of Company</u>	<u>Size</u>	<u>Cost</u>
426	Aloka Ultrasound	10x10	\$2,900
501	Cook Medical	10x20	\$5,800
505	Ethicon Endo Surgery	30x40	\$39,600
513	Merck & Co., Inc.	10x10	\$2,900
515	Calmoseptine, Inc.	10x10	\$2,900
518	I-Flow Corporation	10x20	\$5,500
519	Pentax Medical Company	10x20	\$5,500
522	Lexion Medical	10x10	\$2,900
523	The Prometheus Group	10x10	\$2,900
526,527	Simbionix USA Corp	10x20	\$2,900
601	Axcan Pharma	10x10	\$2,900
612	Myriad Genetic Laboratories	10x10	\$5,800
613	Adolor/GSK	20x20	\$12,400
618	American Medical Systems	10x20	\$5,500
619	MicrolinPentax	10x10	\$2,900
621	Covidien	20x20	\$11,000
622	TEI Biosciences	10x10	\$2,900
626	Power Medical Interventions	10x10	\$2,600
700	General Surgery News	10x10	\$-0-
705	Genzyme Biosurgery	20x30	\$18,600
713	Applied Medical	20x20	\$12,400
718	Elsevier Saunders/Mosby Publisher	10x10	\$1,900
719	Gore & Assoc	10x20	\$5,500
723	Sigma-Tau Pharmaceuticals	10x10	\$2,900
800	SAPI Med S.P.A.	10x10	\$2,900
805	NiTi Surgical Solutions	20x30	\$18,575
813	Olympus-Gyrus ACMI	20x20	\$12,400
818	Market Access Partners	10x20	\$5,500
819	Karl Storz Endoscopy	10x10	\$2,900
821	MAST Biosurgery	10x10	\$2,600
822	American Express OPEN	10x10	\$2,900
823	EZ Surgical	10x10	\$2,900
901	Surgin/Origyn Rx	10x10	\$2,900
913	Caris Diagnostics	10x10	\$2,900
918,922	THD America Inc	10x30	\$8,400
919	DiagnoCure	10x10	\$2,900
921	D ² Market Research	10x10	\$2,600
923	Canica Design	10x10	\$2,900
927	Olympus Gyrus ACMI	10x10	\$2,900

Cancellations of Space:

Taewoong Medical cancelled their 10x10 booth before it was processed.

Redfield Corporation cancelled 3/31/09, 10x10 booth, paid \$2,600, refunded \$2,600

George Percy McGown, paid for corner, refuted corner refunded \$300 5/15/09

2006 ASCRS ANNUAL MEETING IN-KIND SUPPORT**1-B**

June 3 – 7, 2006

Washington State Convention & Trade Center
Seattle, WA**Applied Medical***Hand Assisted Laparoscopic Intestinal Surgery Workshop: 8 stations*

- 8 Gelports (4 100s & 4 120s)
- 4 Clip appliers
- 4 Bowel graspers
- 4 Scissors
- 20 Trocars (10 5mm & 10 12mm)
- 4 Suction irrigators

Autosuture/Valleylab/Tyco Healthcare*Hand Assisted Laparoscopic Intestinal Surgery Workshop: 8 stations*

Item code	Description	qty.
S100000	STEP Insufflation Needle	4
VS101012P	5-12 mm VersaSTEP	6
VS101005	5mm VersaSTEP	6
VS101000	Radially Expandable Sleeve	6
176674	Visiport 5-12mm	4
030449	Endo GIA Universal Instrumnt	6
030456	Endo GIA II 45-2.0 Rotic	8
030457	Endo GIA II 60-2.5 Rotic	8
030458	Endo GIA II 60-3.5 Rotic	8
173016	Endostitch Instrument	8
170071	Polysorb 3-0 Endostitch DLU	8
174317	Endo Clinch	4
173046	Endo Paddle	4
176643	Endo Shears	4
174001	Endo Babcock	4
176645	Endo Dissect	4
20020	Irrivac-Max	4
012001	Autosonix Ultrashears	2

CONTINUED - 2006 ASCRS ANNUAL MEETING IN-KIND SUPPORT**Ethicon Endo-Surgery, Inc.***Hand Assisted Laparoscopic Intestinal Surgery Workshop: 8 stations*

- TR45B - 60: endocutter reloads
- ATB45 - 20: endocutters
- 512NT - 20: 10/12 trocars
- Xxxxxx -20: 5mm trocars
- LCSC5 - 6: harmonic scalpel
- LD111 - 6: lap disc
- UV120 -6: veress needle
- 5DCS - 4: endoscopic scissors
- 5BB - 4: endoscopic babcocks
- 5DSG - 8: endoscopic graspers
- 5DCD - 8: endoscopic dissectors
- SW100 -4: suture assistant
- SW110 - 16: suture assistant reloads
- ER320 - 6: endoscopic clip appliers
- Y351H - 2 box (2-0 vicryl; 27" CT needle)
- Pressurized Bag Irrigation tube set with spike -4

Karl Storz Endoscopy-America, Inc.*Hand Assisted Laparoscopic Intestinal Surgery Workshop: 8 stations*

3 (three) fully equipped endoscopic towers with light source with cable, camera box, CO2 insuflator with tubing, monitor and 2 (two) 10mm telescopes (one zero degree and one 30 degree telescopes) and 2 (two) 5mm telescopes (one zero degree and one 30 degree telescopes) for each station. Laparoscopic needle drivers – and a colorectal set of click-line instruments *two for each station.*

Olympus Surgical America, Inc.*Hand Assisted Laparoscopic Intestinal Surgery Workshop: 8 stations*

2 (two) fully equipped endoscopic towers with light source with cable, camera box, CO2 insuflator with tubing, monitor and 2 (two) 10mm telescopes (one zero degree and one 30 degree telescopes) and 2 (two) 5mm telescopes (one zero degree and one 30 degree telescopes) for each station. Laparoscopic needle drivers – *two for each of the 2 station*

Stryker Endoscopy*Hand Assisted Laparoscopic Intestinal Surgery Workshop: 8 stations*

3 (three) fully equipped endoscopic towers with light source with cable, camera box, CO2 insuflator with tubing, monitor and 2 (two) 10mm telescopes (one zero degree and one 30 degree telescopes) and 2 (two) 5mm telescopes (one zero degree and one 30 degree telescopes) for each station. Laparoscopic needle drivers – *two for each station.*

2007 ASCRS ANNUAL MEETING IN-KIND SUPPORT

June 2 – 6, 2007

America's Center & Renaissance Grand Hotel
St. Louis, MO**Applied Medical***Hand Assisted Laparoscopic Intestinal Surgery Workshop: 5 Stations*

- 5 Gelports
- 5 Clip appliers
- 5 Bowel graspers
- 5 scissors
- 20 Trocars (10 5mm & 10 12mm)
- 5 Suction irrigators

Autosuture/Valleylab/Tyco Healthcare*Hand Assisted Laparoscopic Intestinal Surgery Workshop: 5 stations*

Item code	Description	qty.
S100000	STEP Insufflation Needle	5
VS101012P	5-12 mm VersaSTEP	7
VS101005	5mm VersaSTEP	7
VS101000	Radially Expandable Sleeve	7
176674	Visiport 5-12mm	7
030449	Endo GIA Universal Instrumnt	7
030456	Endo GIA II 45-2.0 Rotic	9
030457	Endo GIA II 60-2.5 Rotic	9
030458	Endo GIA II 60-3.5 Rotic	9
173016	Endostitch Instrument	9
170071	Polysorb 3-0 Endostitch DLU	9

Ethicon Endo-Surgery, Inc.*Hand Assisted Laparoscopic Intestinal Surgery Workshop: 5 stations*

- TR45B - 60: endocutter reloads
- ATB45 - 20: endocutters
- 512NT - 20: 10/12 trocars
- Xxxxxx -20: 5mm trocars
- LCSC5 - 6: harmonic scalpel

CONTINUED - 2007 ASCRS ANNUAL MEETING IN-KIND SUPPORT**Ethicon Endo-Surgery, Inc. - cont**

- LD111 - 6: lap disc
- UV120 -6: veress needle
- 5DCS - 4: endoscopic scissors
- Y351H - 2 box (2-0 vicryl; 27" CT needle)

Karl Storz Endoscopy-America, Inc.

Hand Assisted Laparoscopic Intestinal Surgery Workshop: 10 stations

3 (three) fully equipped endoscopic towers with light source with cable, camera box, CO2 insuflator with tubing, monitor and 2 (two) 10mm telescopes (one zero degree and one 30 degree telescopes) and 2 (two) 5mm telescopes (one zero degree and one 30 degree telescopes) for each station. 20 Laparoscopic needle drivers – and a colorectal set of click-line instruments.

Microline-Pentax

Hand Assisted Laparoscopic Intestinal Surgery Workshop: 10 stations

- 20 Atraumatic graspers

Olympus Surgical America, Inc.

Hand Assisted Laparoscopic Intestinal Surgery Workshop: 10 stations

4 (four) fully equipped endoscopic towers with light source with cable, camera box, CO2 insuflator with tubing, monitor and 2(two) 10mm telescopes per table (one zero degree and one 30 degree per table) and 4 (four) 5mm telescopes (one zero degree and one 30 degree telescopes) for each station.1

Stryker Endoscopy

Hand Assisted Laparoscopic Intestinal Surgery Workshop: 8 stations

3 (three) fully equipped endoscopic towers with light source with cable, camera box, CO2 insuflator with tubing, monitor and 2 (two) 10mm telescopes (one zero degree and one 30 degree telescopes) and 2 (two) 5mm telescopes (one zero degree and one 30 degree telescopes) for each station.

2008 ASCRS ANNUAL MEETING IN-KIND SUPPORT

June 7 – 11, 2008

Hynes Convention Center & Sheraton Boston Hotel
Boston, MA**Applied Medical***Hand Assisted Laparoscopic Intestinal Surgery Workshop: 4 stations*

- 8 Gelports (4 100s & 4 120s)
- 4 Clip applicators
- 4 Bowel graspers
- 4 Scissors
- 20 Trocars (10 5mm & 10 12mm)
- 2 Suction irrigators

Covidien*Hand Assisted Laparoscopic Intestinal Surgery Workshop: 3 stations*

Item code	Description	qty.
S100000	STEP Insufflation Needle	4
VS101012P	5-12 mm VersaSTEP	6
VS101005	5mm VersaSTEP	6
VS101000	Radially Expandable Sleeve	6
176674	Visiport 5-12mm	4
030449	Endo GIA Universal	6
030456	Endo GIA II 45-2.0 Rotic	8
030457	Endo GIA II 60-2.5 Rotic	8
030458	Endo GIA II 60-3.5 Rotic	8
170071	Polysorb 3-0 Endostitch DLU	8
174317	Endo Clinch	4
173046	Endo Paddle	4
176643	Endo Shears	4
174001	Endo Babcock	4
176645	Endo Dissect	4
	Ligasure V and triad	4

CONTINUED - 2008 ASCRS ANNUAL MEETING IN-KIND SUPPORT**Ethicon Endo-Surgery, Inc.**

Hand Assisted Laparoscopic Intestinal Surgery Workshop: 4 stations

- TR45B - 60: endocutter reloads
- ATB45 - 20: endocutters
- 512NT - 20: 10/12 trocars
- Xxxxxxx -20: 5mm trocars
- LCSC5 - 6: harmonic scalpel
- LD111 - 6 Dextrus
- UV120 -6: veress needle
- 5DCS - 4: endoscopic scissors
- 5BB - 4: endoscopic babcocks
- 5DSG - 8: endoscopic graspers
- 5DCD - 8: endoscopic dissectors
- SW100 -4: suture assistant
- SW110 - 16: suture assistant reloads
- ER320 - 6: endoscopic clip appliers
- Y351H - 2 box (2-0 vicryl; 27" CT needle)

Genzyme Biosurgery

Hand Assisted Laparoscopic Intestinal Surgery Workshop: 8 stations

- Seprafilm

Karl Storz Endoscopy-America, Inc.

Hand Assisted Laparoscopic Intestinal Surgery Workshop: 8 stations

3 (three) fully equipped endoscopic towers with light source with cable, camera box, CO2 insufflator with tubing, monitor and 2 (two) 10mm telescopes (one zero degree and one 30 degree telescopes) and 2 (two) 5mm telescopes (one zero degree and one 30 degree telescopes)for each station. 16 Laparoscopic needle drivers – and a colorectal set of click-line instruments.

Microline-Pentax

Hand Assisted Laparoscopic Intestinal Surgery Workshop: 8 stations

- 16 Atraumatic graspers

CONTINUED - 2008 ASCRS ANNUAL MEETING IN-KIND SUPPORT

Olympus Surgical America, Inc.

Hand Assisted Laparoscopic Intestinal Surgery Workshop: 8 stations

3 (two) fully equipped endoscopic towers with light source with cable, camera box, CO2 insufflator with tubing, monitor and 2 (two) 10mm telescopes (one zero degree and one 30 degree telescopes) and 2 (two) 5mm telescopes (one zero degree and one 30 degree telescopes) for each station.

Stryker Endoscopy

Hand Assisted Laparoscopic Intestinal Surgery Workshop:

2 (three) fully equipped endoscopic towers with light source with cable, camera box, CO2 insufflator with tubing, monitor and 2 (two) 10mm telescopes (one zero degree and one 30 degree telescopes) and 2 (two) 5mm telescopes (one zero degree and one 30 degree telescopes) for each station. 16 Laparoscopic needle drivers

May 2 – 6, 2009
 The Westin Diplomat
 Hollywood, FL

Applied Medical

Hand Assisted Laparoscopic Intestinal Surgery Workshop: 3 stations

- 8 Gelports (4 100s & 4 120s) **(Gelports at 3 stations)**
- 4 Clip appliers
- 4 Bowel graspers
- 4 Scissors
- 8 Trocars (4 5mm & 4 12mm)
- 2 Suction irrigators

Covidien

Laparoscopic Colectomy Workshop: 3 stations

Item code	Description	qty.
S100000	STEP Insufflation Needle	4
VS101012P	5-12 mm VersaSTEP	6
VS101005	5mm VersaSTEP	6
VS101000	Radially Expandable Sleeve	6
176674	Visiport 5-12mm	4
030449	Endo GIA Universal	6
030456	Endo GIA II 45-2.0 Rotic	8
030457	Endo GIA II 60-2.5 Rotic	8
030458	Endo GIA II 60-3.5 Rotic	8
170071	Polysorb 3-0 Endostitch DLU	8
174317	Endo Clinch	4
173046	Endo Paddle	4
176643	Endo Shears	4
174001	Endo Babcock	4
176645	Endo Dissect	4
	Ligasure V and triad	4

CONTINUED - 2009 ASCRS ANNUAL MEETING IN-KIND SUPPORT**Covidien - continued***Hand Assisted Laparoscopic Intestinal Surgery Workshop: 3 stations*

Item code	Description	qty.
S100000	STEP Insufflation Needle	4
VS101012P	5-12 mm VersaSTEP	6
VS101005	5mm VersaSTEP	6
VS101000	Radially Expandable Sleeve	6
176674	Visiport 5-12mm	4
030449	Endo GIA Universal	6
030456	Endo GIA II 45-2.0 Rotic	8
030457	Endo GIA II 60-2.5 Rotic	8
030458	Endo GIA II 60-3.5 Rotic	8
170071	Polysorb 3-0 Endostitch DLU	8
174317	Endo Clinch	4
173046	Endo Paddle	4
176643	Endo Shears	4
174001	Endo Babcock	4
176645	Endo Dissect	4
	Ligasure V and triad	4

Ethicon Endo-Surgery, Inc.*Hand Assisted Laparoscopic Intestinal Surgery Workshop: 4 stations*

- TR45B - 60: endocutter reloads
- ATB45 - 20: endocutters
- 512NT - 20: 10/12 trocars
- Xxxxxx -20: 5mm trocars
- LCSC5 - 6: harmonic scalpel
- LD111 - 6 Dextrus
- UV120 -6: veress needle
- 5DCS - 4: endoscopic scissors
- 5BB - 4: endoscopic babcocks
- 5DSG - 8: endoscopic graspers
- 5DCD - 8: endoscopic dissectors
- SW100 -4: suture assistant
- SW110 - 16: suture assistant reloads
- ER320 - 6: endoscopic clip appliers
- Y351H - 2 box (2-0 vicryl; 27" CT needle)

CONTINUED - 2009 ASCRS ANNUAL MEETING IN-KIND SUPPORT

Ethicon Endo-Surgery, Inc. - cont

Laparoscopic Colectomy Workshop: 4 stations

- TR45B - 60: endocutter reloads
- ATB45 - 20: endocutters
- 512NT - 20: 10/12 trocars
- Xxxxxx -20: 5mm trocars
- LCSC5 - 6: harmonic scalpel
- LD111 - 6 Dextrus
- UV120 -6: veress needle
- 5DCS - 4: endoscopic scissors
- 5BB - 4: endoscopic babcocks
- 5DSG - 8: endoscopic graspers
- 5DCD - 8: endoscopic dissectors
- SW100 -4: suture assistant
- SW110 - 16: suture assistant reloads
- ER320 - 6: endoscopic clip appliers
- Y351H - 2 box (2-0 vicryl; 27" CT needle)

Simulation Colectomy Workshop:

- 15 Haptica CRS Simulators
- 70 Anatomy trays
- 30 Skins

Microline-Pentax

Hand Assisted Laparoscopic Intestinal Surgery Workshop: 7 stations

- 14 Atraumatic graspers

Laparoscopic Colectomy Workshop: 7 stations

- 14 Atraumatic graspers

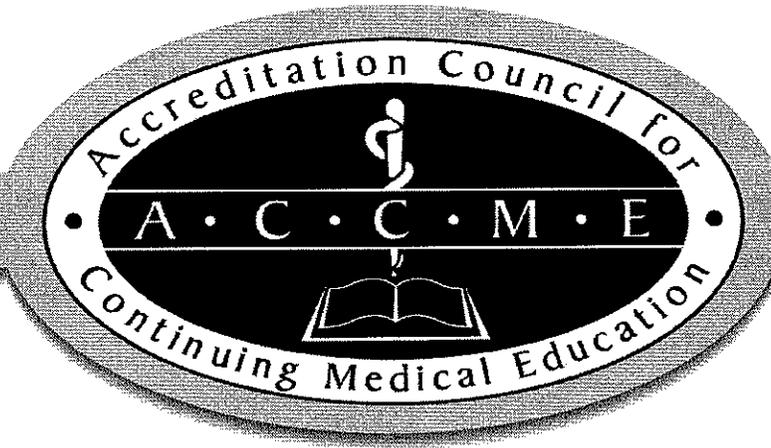
Olympus America, Inc.

Laparoscopic Colectomy Workshop: 7 stations

- 7 fully equipped towers

Stryker Endoscopy

- *Hand Assisted Laparoscopic Intestinal Surgery Workshop: fully equipped towers*



ACCME STANDARDS FOR COMMERCIAL SUPPORTSM

*Standards to Ensure the
Independence of CME
Activities*

The ACCME Standards for Commercial SupportSM

Standards to Ensure Independence in CME Activities

STANDARD 1: Independence

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.accme.org for a definition of a 'commercial interest' and some exemptions.)

- (a) Identification of CME needs;
- (b) Determination of educational objectives;
- (c) Selection and presentation of content;
- (d) Selection of all persons and organizations that will be in a position to control the content of the CME;
- (e) Selection of educational methods;
- (f) Evaluation of the activity.

1.2 A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.⌘

STANDARD 2: Resolution of Personal Conflicts of Interest

2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.⌘

STANDARD 3: Appropriate Use of Commercial Support

3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint sponsor.

3.5 The written agreement must specify the commercial interest that is the source of commercial support.

3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CME

3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.

3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Accountability

3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support. ¶

STANDARD 4. Appropriate Management of Associated Commercial Promotion

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- For *print*, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face **and** are not paid for by the commercial supporters of the CME activity.
- For *computer based*, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content
- For *audio and video recording*, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
- For *live, face-to-face CME*, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities. ¶

STANDARD 5. Content and Format without Commercial Bias

5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.¶

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

- The name of the individual;
- The name of the commercial interest(s);
- The nature of the relationship the person has with each commercial interest.

6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CME activity.

6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.

6.4 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity. ¶

2-A

V. SCIENTIFIC PROGRAM OPPORTUNITIES

Saturday, May 2, 2009

- A. **TEM Course** – 6:30 am -12:00 pm and 1:00 pm -4:00 pm, *\$42,000 plus lunch* **Richard Wolf**

- B. **Laparoscopic Colectomy Workshop -**
Director: Conor Delaney

 6:30 am – 10:00 am: Didactics for Laparoscopic Colectomy course (laparoscopic, simulator and Hand assist with breakfast)

 11:00 am – 4:00 pm: Laboratory Session (off site- laparoscopic colectomy only) *Co-sponsorship: grant plus equipment* Ethicon Endo-Surgery (partial)
Covidien (partial)
Olympus (partial)

- C. **Laparoscopic Colectomy Workshop** – 11:00 am – 4:00 pm
 Laboratory Session - Hand Assist Laboratory session
Director: Jeff Cohen
Assistant Director: David Vargas
 [Covidien, Ethicon Endo-Surgery, Applied Medical, Olympus Surgical, Karl Storz Endoscopy, Stryker Endoscopy, Microline Pentax, Genzyme] *Co-sponsorship: grant plus equipment* Applied Medical (partial)
Stryker (partial)
Microline Pentax (partial)
Ethicon Endo-Surgery (partial)
Covidien (partial)
Genzyme (partial)

- D. **Luncheon Symposium on “Competency, Communication, Professionalism”** 12:00 pm – 1:30 pm *\$47,000 plus food* _____

- E. **Competitive Video Session** (Ten 5-minute videos with 2-minutes of discussion) 2:00 pm – 3:30pm *\$22,000* _____

- F. **Symposium on "Colorectal Screening"** – 4:00 pm – 5:30 pm *\$47,000* _____

- G. **Allied Health Program on “Integration of Another Healthcare Provider Into Your Practice.”** – 4:00 pm – 6:00 pm *\$30,000* _____

- H. **Dinner Symposium on “Simulation in Colon and Rectal Surgery”** 6:30 pm – 8:00 pm *\$47,000 plus food* _____

Symposium

Rectal Cancer

1 2 5*

7:30 - 10:00 am

Grand Ballroom

Partial support by an educational grant from Applied Medical

The management of patients with rectal cancer requires a multidisciplinary approach with an experienced expert team to assure optimal care. Total mesorectal excision has been associated with a decrease in the rate of local failure after surgery. Pathologic analysis, particularly of the radial margin, provides important prognostic information that enables better allocation of postoperative care. The data shows that preoperative chemoradiotherapy is more beneficial and has less toxicity for patients with resectable rectal cancer than postoperative chemoradiotherapy. Surgical quality assurance is a central issue in the treatment of rectal cancer and has led to substantial improvements in sphincter preservation, local control and overall survival.

Existing Gaps

What is: Receipt of recommended chemotherapy is 48 percent for Stage II rectal cancer, and 66 percent for Stage III rectal cancer. Receipt of recommended radiation therapy was 52 percent for Stage II rectal cancer and 66 percent for Stage III rectal cancer.

What Should Be: All patients with rectal cancer without co-morbidities which preclude multimodality therapy, should receive treatment in accordance with established guidelines.

Director: Anthony Senagore, MD, Grand Rapids, MI

Assistant Director: Najjia Mahmoud, MD, Philadelphia, PA

Disclosure: A. Senagore: Deltex Medical - Unrestricted Educational Grant; Tranzyme Pharma - Consulting Fee (Consultant/Advisor)

Disclosure: N. Mahmoud: Merck - Honorarium (Consultant); Wyeth - Honorarium (Consultant); Adolor - Honorarium (Consultant)

- | | |
|--|---|
| <p>7:30 am Clinical Staging of Rectal Cancer
Michael Stamos, MD, Orange, CA
<i>Disclosure: Ethicon - Fellow Grant Support (Instructor); Covidien - Mini Fellowship Support (Instructor); Glaxo - Honorarium (Advisor/Speaker); Valleylab/Covidien Energy - Honorarium (Speaker/Advisor)</i></p> | <p>8:15 am Pathological Assessment of TME Specimens
Mariana Berho, MD, Weston, FL
<i>Disclosure: No Affiliation</i></p> |
| <p>7:45 am Pre-operative Imaging Before Total Mesorectal Excision for Rectal Cancer
Gina Brown, MBBS MD MRCP FRCR, London, United Kingdom
<i>Disclosure: No Affiliation</i></p> | <p>8:30 am Quality Measures and Economic Implications of Management Options for Rectal Cancer
Anthony Senagore, MD, Grand Rapids, MI</p> |
| <p>8:00 am Choosing Optimal Radiation for Rectal Cancer Management
Bruce Minsky, MD, Chicago, IL
<i>Disclosure: sanofi-aventis - Honorarium (Speaker, Advisory Board); Genentech - Honorarium (Speaker); Bristol Myers Squibb - Honorarium (Speaker); Roche - Honorarium (Speaker)</i></p> | <p>8:45 am Open Total Mesorectal Excision
Professor R. J. Heald, OBE, MChir, FRCS, Basingstoke, United Kingdom
<i>Disclosure: No Affiliation</i></p> |
| | <p>9:00 am Laparoscopic TME
Conor Delaney, MD, Cleveland, OH
<i>Disclosure: No Affiliation</i></p> |

Monday, May 4

Rectal Cancer *(continued)*

9:15 am **The Role of Abdominoperineal Excision in the Surgical Management of Rectal Cancer**
Torbjörn Holm, MD, PhD, Stockholm, Sweden
Disclosure: Covidien – Honorarium (Speaker)

9:45 am **Discussion**

9:30 am **Dealing with Local Recurrence in Rectal Cancer**
Heidi Nelson, MD, Rochester, MN
Disclosure: No Affiliation

Objectives: At the conclusion of this session, participants should be able to: a) discuss the recommended treatment of rectal cancer; b) describe the recommended preoperative evaluation and treatment of rectal cancer; c) discuss the surgical aspects of optimal surgical management of rectal cancer; and d) discuss the role of minimally invasive surgery in the management of rectal cancer.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 2 AMA PRA Category 1 Credit(s)[™]

10:00 – 10:30 am **Refreshment Break in Exhibit Hall**



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SYMPOSIUM – RECTAL CANCER

EXECUTIVE SUMMARY

A multidisciplinary approach to a patient with rectal cancer by an experienced expert team is mandatory, to assure optimal diagnosis and staging, surgery, selection of the appropriate neo-adjuvant and adjuvant strategy and chemotherapeutic management. The introduction of total mesorectal excision has been associated with a decrease in the rate of local failure after surgery. High quality surgery and the achievement of pathological measures of quality are a prerequisite to adequate locoregional control. Careful pathologic analysis, particularly of the radial margin, provides important prognostic information that enables better allocation of postoperative care. There are now randomized data in favor of chemoradiotherapy or short course radiotherapy in the preoperative setting. Preoperative chemoradiotherapy is more beneficial and has less toxicity for patients with resectable rectal cancer than postoperative chemoradiotherapy. Furthermore chemoradiotherapy leads also to downsizing of locally advanced rectal cancer. Surgical quality assurance is a central issue in the treatment of rectal cancer and has led to substantial improvements in sphincter preservation, local control, and overall survival. It has been conclusively demonstrated that education, from total mesorectum excision workshops to nation-wide educational initiatives are effective methods of improving quality of care for the rectal cancer patient.¹

Through an integrated educational initiative we propose educating surgeons on the evidence based management of rectal cancer which will improve the outcomes of patients. A 2 hour symposium will be held at the American Society of Colon and Rectal Surgeons (ASCRS) Annual meeting on Monday, May 4, 2009.

NEEDS ASSESSMENT

Optimal surgery has the most significant impact on local recurrence and likely benefits survival of the patient with rectal cancer. Surgical techniques have evolved to the point that precise dissection in the correct plane which avoids violation of the mesorectal fascia has become the standard of care. However, even with precise total mesorectal excision (TME), neither eradication of local recurrence nor complete cure for all patients is assured. Technological advances in radiation planning and new effective cytotoxic drugs may increase the ability of multimodal therapy to control regional and distant micrometastases, further

improving outcome. Hence, a multidisciplinary team which appropriately integrates surgery, radiotherapy and chemotherapy is essential for best practice.²

One study tracked dissemination of these multimodality treatments for patients diagnosed with stage II and III disease and compares risk of death for those who received guideline therapy to those who did not. Multivariate models were used to explore patient characteristics associated with receipt of treatments. Cox proportional hazards models were used to assess observed cause-specific and all-cause mortality. This study showed that rectal cancer patients were less likely to have received guideline treatment than colon cancer patients. Consistent with randomized clinical trial findings, all-cause mortality was lower in patients who received guideline therapy, regardless of Charlson comorbidity score. The authors concluded that rates of guideline-concordant therapy are low in community clinical practice.³

Another study examined variables associated with underuse of guideline recommended therapy. Three population-based databases were linked to identify cohort was 18,649 patients. Stage III colon cancer and Stages II, III rectal cancer patients. Receipt of recommended chemotherapy was 48 percent for Stage III colon cancer, 48 percent for Stage II rectal cancer, and 66 percent for Stage III rectal cancer. Receipt of radiation therapy was 52 percent for Stage II rectal cancer and 66 percent for Stage III rectal cancer.⁴

GAP ANALYSIS

What is: Receipt of recommended chemotherapy may be as low as is 48 percent for Stage II rectal cancer, and 66 percent for Stage III rectal cancer. Receipt of recommended radiation therapy is reported to be as low as 52 percent for Stage II rectal cancer and 66 percent for Stage III rectal cancer.

What Should Be: All patients with rectal cancer without co-morbidities which preclude multimodality therapy, should receive treatment in accordance with established guidelines.

LEARNING OBJECTIVES

At the end of this CME initiative, surgeons should be better able to:

1. Discuss the recommended pre operative evaluation staging strategies for rectal cancer.
2. Describe the recommended stage specific treatment of rectal cancer
3. Describe the specific neo-adjuvant modalities including radiation and chemotherapy for rectal cancer.
4. Discuss the essential surgical aspects of optimal surgical management of rectal cancer.
5. Discuss the role of minimally invasive surgery in the management of rectal cancer.

AGENDA

Director: Anthony Senagore, MD, Grand Rapids, MI

Assistant Director: Najjia Mahmoud, MD, Philadelphia, PA

Clinical Staging of Rectal Cancer
Michael Stamos, MD, Orange, CA

Pre-operative Imaging Before Total Mesorectal Excision for Rectal Cancer
Gina Brown, MBBS MD MRCP FRCR, London, UK

Choosing Optimal Radiation for Rectal Cancer Management
Bruce Minsky, MD, Chicago, IL

Pathological Assessment of TME Specimens
Philip Quirke, MD, Leeds, United Kingdom

Quality Measures and Economic Implications of Management Options for Rectal Cancer
Anthony Senagore, Grand Rapids, MI

Open Total Mesorectal Excision
Bill Heald, MD, Leeds, United Kingdom or Brendan Moran, MD, Basingstoke, United Kingdom

Laparoscopic TME
Conor Delaney, MD, Cleveland, OH

The Role of Abdominoperineal Excision in the Surgical Management of Rectal Cancer
Torbjörn Holm MD, PhD, Stockholm, Sweden

Dealing with Local Recurrence in Rectal Cancer
Heidi Nelson, MD, Rochester, MN

REFERENCES

1. Van Cutsem E, Dicato M, Haustermans K, Arber N, Bosset JF, Cunningham D, De Gramont A, Diaz-Rubio E, Ducreux M, Goldberg R, Glynne-Jones R, Haller D, Kang YK, Kerr D, Labianca R, Minsky BD, Moore M, Nordlinger B, Rougier P, Scheithauer W, Schmoll HJ, Sobrero A, Tabernero J, Tempero M, Van de Velde C, Zalcberg J. The diagnosis and management of rectal cancer: expert discussion and recommendations derived from the 9th World Congress on Gastrointestinal Cancer, Barcelona, 2007. *Ann Oncol.* 2008 Jun;19 Suppl 6:vi1-8.

2. Glynn-Jones R, Mathur P, Elton C, Train ML. The multidisciplinary management of gastrointestinal cancer. Multimodal treatment of rectal cancer. *Best Pract Res Clin Gastroenterol.* 2007;21(6):1049-70.

3. Cronin DP, Harlan LC, Potosky AL, Clegg LX, Stevens JL, Mooney MM. Patterns of care for adjuvant therapy in a random population-based sample of patients diagnosed with colorectal cancer. *Am J Gastroenterol.* 2006 Oct;101(10):2308-18.

4. McGory ML, Zingmond DS, Sekeris E, Bastani R, Ko CY. A patient's race/ethnicity does not explain the underuse of appropriate adjuvant therapy in colorectal cancer. *Dis Colon Rectum.* 2006 Mar;49(3):319-29.

Breakfast Symposium

Lymph Nodes: Prognostic, Therapeutic and Quality Implications

2 6 *

6:00 - 7:30 am

Regency Ballroom

*Supported by educational grants from:
DiagnoCure Oncology Laboratories
sanofi-aventis U.S.*

Approximately 85% of patients with colorectal cancer will present with potentially curable disease that is treated by surgical resection. Surgical treatment should include resection of the affected segment of bowel and en bloc resection of the associated draining lymph nodes to the level of the origin of the primary blood supply to that segment of the bowel. A complete evaluation of the lymph node basin is important for accurately identifying lymph node involvement with colon cancer and for complete resection of disease. Because of the high risk for recurrence of colon cancer, adjuvant chemotherapy is recommended for patients with lymph node metastases (Stage III). Thus, adequate lymph node staging of patients with colon cancer is important for determining prognosis and planning further treatment.

The 1990 Working Party Report to the World Congresses of Gastroenterology recommended evaluation of at least 12 lymph nodes, a recommendation that was subsequently reiterated by a National Cancer Institute sponsored panel of experts to ensure adequate sampling. Numerous observational studies, particularly in Stage II colorectal cancer have found an association between survival and node number. However, a population-based analysis found that only 37% of patients with colon cancer receive adequate lymph node evaluation. Reasons for low population rates of "adequate" node sampling may include patient-, tumor-, surgeon-, and/or pathologist-related variables. The two potentially modifiable influences are the completeness of lymph node evaluation by examining pathologists and the adequacy of the surgical resection.

The number of lymph nodes recovered from a patient with colon cancer has been identified as a potentially important measure of the quality of cancer care by many organizations, including the American College of Surgeons, the American Society of Clinical Oncology, the National Comprehensive Cancer Network, the National Quality Forum, health insurance providers, and others. However, it is not universally accepted that examining more lymph nodes will lead to better outcomes or improved staging accuracy as a means to improved survival. It is important that surgeons understand the implications of quality benchmarks, methods to ensure adequate staging in their patients, and are aware of the controversies in this area.

Existing Gaps

What is: Many surgeons do not fully understand the relationship between lymph node evaluation and outcome in patients with colon and rectal cancer. Additionally, many surgeons are concerned about quality benchmarking based on nodal recovery.

What Should Be: Surgeons should understand the importance of adequate nodal staging of colon and rectal cancer patients, understand the implications of quality benchmarks for lymph node harvest and be aware of the controversies in this area.

Director: Nancy Baxter, MD, PhD, Toronto, ON, Canada

Assistant Director: George Chang, MD, Houston, TX

Disclosure: N. Baxter: No Affiliation

Disclosure: G. Chang: Covidien - Honorarium (Speaker)

6:00 am **Welcome**
Nancy Baxter, MD, PhD, Toronto, ON, Canada
George Chang, MD, Houston, TX

6:05 am **Context and Controversy**
Clifford Ko, MD, Los Angeles, CA
Disclosure: No Affiliation

6:20 am **Lymph Node Recovery: What is the Role of the Surgeon?**
Elin Sigurdson, MD, PhD, Philadelphia, PA
Disclosure: Sanofi - Honorarium (Speaker)

* This session addresses MOC requirements as explained on page 11.

continues on the following page ...

Monday, May 4

Lymph Nodes: Prognostic, Therapeutic and Quality Implications (continued)

- 6:35 am **Lymph Node Recovery: What is the Role of the Pathologist?**
Mariana Berho, MD, Weston, FL
Disclosure: No Affiliation
- 6:50 am **Strategies for Quality Improvement**
Neil Hyman, MD, Burlington, VT
Disclosure: No Affiliation
- 7:05 am **Panel Discussion**

Objectives: At the conclusion of this session, participants should be able to: a) discuss the data comparing lymph node harvest with survival and understand the difference between association and causation; b) understand the factors which can affect lymph node harvest; c) describe techniques to improve identification of lymph nodes; and d) discuss lymph node evaluation as a quality indicator in colon and rectal surgery.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credit(s)TM



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Breakfast Symposium – Lymph Nodes: Prognostic, Therapeutic and Quality Implications

EXECUTIVE SUMMARY

It is important that patients with colorectal cancer have adequate surgery and adequate pathologic staging. There is evidence of poor staging in a substantial number of patients in the United States with many patients having few nodes (6 or fewer) evaluated. Although more extensive lymphadenectomy is controversial, certainly there is room for improvement. Performing an adequate cancer operation, and identifying all lymph nodes present benefits patients by enabling accurate cancer staging and thus more appropriate use of adjuvant chemotherapy for patients with node-positive disease. Recently, in collaboration with the American College of Surgeons, the American Society for Clinical Oncology, the National Comprehensive Cancer Network, and other stakeholders, the National Quality Forum endorsed a 12-node minimum as a consensus standard for hospital-based performance with colectomy for colon cancer. It is essential that practicing surgeons are aware of these benchmarks and how they will affect practice.

Through an integrated educational initiative we propose educating surgeons on the importance of lymph node evaluation as a prognostic determinant and a quality indicator in the management of colon and rectal cancer. The primary method will be to systematically examine and present the evidence that lymph node recovery and evaluation is associated with improved oncologic outcomes after surgical treatment of stage II and stage III colon cancer. A breakfast symposium at the American Society of Colon and Rectal Surgeons (ASCRS) Annual meeting held from 6:30-8:00am on Monday May 4, 2009.

NEEDS ASSESSMENT

Approximately 75% of patients with colorectal cancer will present with potentially curable disease that is treated by surgical resection. Surgical treatment should include resection of the affected segment of bowel and en bloc resection of the

associated draining lymph nodes to the level of the origin of the primary blood supply to that segment of the bowel. A complete evaluation of the lymph node basin is important for accurately identifying lymph node involvement with colon cancer and for complete resection of disease. Because of the high risk for recurrence of colon cancer, adjuvant chemotherapy is recommended for patients with lymph node metastases (stage III). Thus, adequate lymph node staging of patients with colon cancer is important for determining prognosis and planning further treatment.¹ The 1990 Working Party Report to the World Congresses of Gastroenterology recommended evaluation of at least 12 lymph nodes, a recommendation that was subsequently reiterated by a National Cancer Institute sponsored panel of experts to ensure adequate sampling. Several observational studies have found that increased survival is associated with the evaluation of an adequate number of lymph nodes. However, a population-based analysis found that only 37% of patients with colon cancer receive adequate lymph node evaluation.² Reasons for this failure may include patient-, tumor-, surgeon-, and/or pathologist-related variables. The two potentially modifiable influences are the completeness of lymph node evaluation by examining pathologists and the adequacy of the surgical resection.³ Because an increased number of lymph nodes evaluated has been reported to be associated with increased survival, even in patients with known lymph node – positive disease, a therapeutic benefit may be associated with improved lymph node recovery and evaluation⁴ although no clinical trial has demonstrated an effect of more extensive lymphadenopathy in colon cancer patients. The number of lymph nodes recovered from a patient with colon cancer has been identified as a potentially important measure of the quality of cancer care by many organizations, including the American College of Surgeons, the American Society of Clinical Oncology, the National Comprehensive Cancer Network, the National Quality Forum, health insurance providers, and others. However, it is not universally accepted that examining more lymph nodes will lead to better outcomes or improved staging accuracy as a means to improved survival.⁵ It is important that surgeons understand the implications of quality benchmarks, methods to ensure adequate staging in their patients, and are aware of the controversies in this area.

GAP ANALYSIS

What is: Many surgeons feel that examining more lymph nodes does not improve outcomes or staging accuracy in patients with colon and rectal cancer.

What Should Be: Surgeons will understand the importance of adequate nodal staging of colon and rectal cancer patients, understand the implications of quality benchmarks for lymph node harvest and will be aware of the controversies in this area.

LEARNING OBJECTIVES

At the end of this CME initiative, surgeons should be better able to:

1. Discuss the data comparing lymph node harvest with survival and understand the difference between association and causation.
2. Understand the factors which can affect lymph node harvest.
3. Describe techniques to improve identification of lymph nodes.
4. Discuss lymph node evaluation as a quality indicator in colon and rectal surgery.

Agenda

Suggested symposium agenda:

Director: Nancy Baxter, MD, PhD, Toronto, ON, Canada

Assistant Director: George Chang, MD, Houston, TX

6:30 am Welcome
Nancy Baxter, MD, PhD, Toronto, ON, Canada
George Chang, MD, Houston, TX

6:35 am Context and Controversy
Clifford Ko, MD, Los Angeles, CA

6:50 am Lymph Node Recovery: What is the Role of the Surgeon?
Elin Sigurdson, MD, PhD, Philadelphia, PA

7:05 am Lymph Node Recovery: What is the Role of the Pathologist?
Mariana Berho, MD, Weston, FL

7:20 am Strategies for Quality Improvement
Neil Hyman, MD, Burlington, VT

7:35 am Panel Discussion/Q&A

REFERENCES

1. Chang GJ, Rodriguez-Bigas MA, Skibber JM, Moyer VA. Lymph node evaluation and survival after curative resection of colon cancer: systematic review. *J Natl Cancer Inst.* 2007 Mar 21;99(6):433-41.
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The American Society of Colon and Rectal Surgeons

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ASCRS LETTER OF AGREEMENT

Regarding Terms, Conditions and Purposes of an Educational Grant

2010 ASCRS Annual Meeting
May 15 – 19, 2010
Minneapolis, MN

Corporate Supporter:
Address:
City, State, Zip:

ASCRS requests funding from the company above for a symposium / workshop entitled:

by means of:

1. Educational grant for support of the CME activity in the amount of _____ \$
will cover speakers travel, honoraria, hotel, expenses; AV equipment &
technician, room rental, signage, administration and forwarding of CME
credit to attendees.
2. Other (e.g. equipment loan, brochure distribution, etc.) _____

TOTAL: \$

CONDITIONS

1. Statement of Purpose: Program is for scientific educational purposes only and will not promote the company's products, directly or indirectly.
2. Control of Content & Selection of Presenters & Moderators: ASCRS is responsible for control of content and selection of presenters and moderators.
3. Disclosure of Financial Relationships: ASCRS will ensure disclosure to the audience of (a) company funding and (b) any significant relationship between the ASCRS and the company (e.g. grant recipient) or between individual speakers or moderators and the company.
4. Involvement in Content: There will be no "scripting," emphasis, or influence on content by the Corporate Supporter or its agents.

ASCRS LETTER OF AGREEMENT - page 2

5. Ancillary Promotional Activities: No product promotional or sale activities will be permitted in the same room or requisite walkway as the educational activity. No product advertisements will be permitted in the program room.
6. Objectivity & Balance: ASCRS will make every effort to ensure that data regarding the Corporate Supporter's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. Limitations of Data: ASCRS will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. Discussion of Unapproved Uses: ASCRS will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. Opportunities for Debate: ASCRS will ensure opportunities for questioning or scientific debate.
10. Independence of ASCRS in the use of Contributed Funds:
 - A. Funds should be in the form of an educational grant made payable to ASCRS
 - B. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of the American Society of Colon and Rectal Surgeons.
 - C. No other funds from the commercial Corporate Supporter will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).
11. **Cancellation:** If the Corporate Supporter cancels the program, they must submit in writing the notice of cancellation to ASCRS. Notification 90 days or more of the activity will result in the grant amount refunded, less the expenses incurred by the ASCRS. Any notification less than 90 days will result in no refund of grant amount.

The American Society of Colon and Rectal Surgeons (ASCRS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to ASCRS continuing medical education (CME) for physicians.

The Corporate Supporter agrees to abide by all requirements of the ACCME *Standards for Commercial Support of Continuing Medical Education* (appended), the American Medical Association's Ethical Opinion on Continuing Medical Education and Gifts to Physicians, the Food and Drug Administration regulations regarding Industry Supported Scientific and Educational Activities, the PhRMA code on Interactions with Healthcare Professionals, and the Office of Inspector General Compliance Program Guidance for Pharmaceutical Manufacturers.

The Accredited ASCRS agrees to: 1) abide by the ACCME *Standards for Commercial Support of Continuing Medical Education*; 2) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials; and 3) upon request, furnish the Corporate Supporter a report concerning the expenditure of the funds provided.

AGREED

Commercial Grantor (name): _____

Signature: _____ Date: _____

Non-Accredited Provider (name): _____

Signature: _____ Date: _____

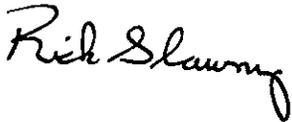


ASCRS Program Chair: _____ Date: 11/18/09
Matthew Mutch, MD



ASCRS Program Co-Chair: _____ Date: 11/18/09
Steven Hunt, MD

ASCRS Designee (name):



Signature: _____ Date: 11/18/09
Rick Slawny, Co-Executive Director



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ASCRS Annual Meeting Planning Company Agreement to Comply with ACCME Guidelines and ASCRS Annual Meeting Regulations

Purpose of Scientific Symposia at the ASCRS Annual Meeting

The purpose of Scientific Symposia at the ASCRS Annual Meeting is to bring useful, up-to-date, scientifically accurate, balanced, unbiased information to colon and rectal surgeons. All aspects of a Scientific Symposium must flow from this single purpose. Anything that interferes with that purpose must be excluded from the Scientific Symposium.

CME Rules and ASCRS Annual Meeting Regulations

The following rules and regulations have been developed for all independent planning companies, medical communications companies, meeting planning companies and other entities (hereafter called "Planning Company") that assist with the development and implementation of a Scientific Symposium during the ASCRS Annual Meeting:

- 1) **Agreement to Comply** -- An authorized representative of the Planning Company must sign this "Planning Company Agreement to Comply with ACCME Guidelines and ASCRS Annual Meeting Regulations" before final approval of Scientific Symposium is granted.

The Commercial Supporter and Planning Company agree to abide by all requirements of the ACCME *Standards for Commercial Support of Continuing Medical Education* (appended), the American Medical Association's Ethical Opinion on Continuing Medical Education and Gifts to Physicians, the Food and Drug Administration regulations regarding Industry Supported Scientific and Educational Activities, the PhRMA code on Interactions with Healthcare Professionals, and the Office of Inspector General Compliance Program Guidance for Pharmaceutical Manufacturers.

- 2) **Planning Company Role** -- A Planning Company hired by a Corporate Supporter becomes an agent of the Society and must be approved by the Society.
- 3) **Failure to Comply** -- Planning Companies which fail to comply with CME guidelines may have sanctions imposed, up to and including exclusion from further participation in the ASCRS Annual Meetings.

- 4) **Content and Faculty Selection** -- The ASCRS, as the CME provider, retains the right to select Scientific Symposium content, faculty, venue, slides, printed collateral materials and all other aspects of the symposium, consistent with the policies and requirements of the Accreditation Council for Continuing Medical Education (ACCME). Once approved, changes to the program agenda or faculty cannot be made without written consent by the Society.
- 5) **Content Property** -- Upon presentation at the ASCRS Annual Meeting, the Scientific Symposium program and its contents become property of the ASCRS.
- 6) **Financial Disclosure** -- Corporate funding and other forms of support for the Scientific Symposium must be disclosed prior to the presentation (both orally and displayed on a slide) to the audience. Also, any grant support or other financial relationship between an individual presenter, moderator or chair and the symposium's Corporate Supporter must be disclosed. This may include, but is not limited to, employment, grant support, consulting fee or stock ownership. Each member of the symposium faculty is required to complete a Disclosure Form in accordance with CME accreditation standards and guidelines.
- 7) **Evaluation of Program** -- The Scientific Symposium must permit evaluation by attendees. Evaluation Forms will be developed, distributed and tabulated by the Society in compliance with established CME guidelines. A summary of completed evaluations, including written comments, will be provided after the ASCRS Annual Meeting if requested by the Planning Company.
- 8) **Unlabeled Products** -- If an unlabeled product or an unapproved use of a product is discussed during the Scientific Symposium, it must be disclosed to the audience that the product is not approved for the particular use in the United States. The Scientific Symposium content must be scientifically valid and comply with current U.S. Food & Drug Administration guidelines.
- 9) **Payment to Speakers** -- All monies and fees associated with a Scientific Symposium are strictly regulated in accordance with CME rules. A violation may place the CME accreditation of a symposium in jeopardy. As a general rule, all monies and fees including the base grant (which covers facility rental, CME administration, faculty honoraria and standard audiovisual services) must be paid directly to the Society. Checks should be payable to the American Society of Colon and Rectal Surgeons. The only exception to this rule is fees and expenses paid by the Corporate Supporter to and for the services of the Planning Company and/or creative service providers.

Any other payment or reimbursement by the Planning Company or the Corporate Supporter directly to a symposium speaker, moderator or chair is strictly prohibited. To comply with CME Regulations, all symposium-related expenditures by the Planning Company and Corporate Supporter, as well as any of their agents, must be disclosed to the Society. Full accounting of all symposia-related expenses must be provided to the Society within 30 days after the meeting.

- 10) **Room Logistics** -- All Scientific Symposium planning (including room set-up, audiovisual service and other arrangements) must be made through and handled by the Society, unless other arrangements are agreed upon to allow the Planning Company to work directly with the staff at the hotel or convention center. If alternate arrangements are approved, the Planning Company is responsible for keeping the Society informed of all communications with the hotel or convention center staff.

The Society's Director of Meetings and Conventions, Gina Seegers, can be reached at (847) 290-9184 or via e-mail: ginaseegers@fascrs.org.

- 11) **Audiovisual Services** -- Audiovisual technicians are required for all Scientific Symposia. On-site audiovisual services are provided by the Society through its designated AV company. Only by prior agreement with the Society may a Planning Company be permitted to provide on-site audiovisual services (including audio / video capture and audience response).
- 12) **Recordings** -- No audio, video or other recording of Scientific Symposia is permitted without consent of the Society. Any permitted audio, video or other recording must be clearly evident to the presenters.
- 13) **On-site Staff** -- The Planning Company must provide on-site staff support to distribute handout material and other last-minute arrangements, logistics and traffic flow.
- 14) **Enduring Material** -- The creation and distribution of enduring materials based on Scientific Symposia is encouraged. Formal proposals outlining the proposed material must be submitted to the Society for formal approval. Copies of the enduring material must be provided to the Society for final approval prior to production.
- 15) **Promotional Material** -- The Planning Company may not display signs promoting the scientific session in the hotel and/or convention center without permission from the Society. If approved, signs may not be displayed more than 24 hours prior to the Scientific Symposium, and must be removed no more than one hour after the session has ended. Placing promotional materials under the doors of hotel guest rooms (or "door drops") is not permitted. However, the planning company is encouraged to participate in the Society's "Doctor Bag" program.



LETTER OF AGREEMENT

Regarding Terms, Conditions and Purposes of 2010 Corporate Sponsorships

Between: The American Society of Colon and Rectal Surgeons (ASCRS) and
Insert sponsor name

Title of Sponsorship:

Location: 2010 ASCRS Annual Scientific Meeting, Minneapolis, MN

Date/Time:

Commercial Supporter:

Contact:

Type of Grant: ___ Unrestricted Grant
___ Restricted Grant (specifications: Title of Sponsorship)

Amount of Grant:

Sponsor: The American Society of Colon and Rectal Surgeons
85 W. Algonquin Road, Suite 550
Arlington Heights, IL 60005
Phone: +1 847 427-1200 Fax: +1 847 427-1294

Contact: Linda R. Cullison
Director of Development

CONDITIONS

1. **Statement of Purpose:** Sponsorship of this insert event name activity is directed at professional attendees and will not promote the Grantor's products, directly or indirectly.
2. **Independence of ASCRS in the Use of Contributed Funds:**
 - a) Funds should be payable to the American Society of Colon and Rectal Surgeons, and all monies must be received prior to final production of the promotional items.

- b) All other activities associated with the insert event name (e.g., distributing brochures, etc.) must be given with the full knowledge and approval of ASCRS.
- 3. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or requisite entryway as the educational activity. No product advertisements will be permitted in the program room.
- 4. Commercial Supporter must cooperate with ASCRS and follow its policies and procedures. In the event that insert Commercial Supporter fails to comply with the requirements stated within the policies of this agreement, ASCRS may withdraw sponsorship of the activity.
- 5. The Commercial Supporter agrees to abide by all requirements of the ACCME *Standards for Commercial Support of Continuing Medical Education*, the American Medical Association's Ethical Opinion on Continuing Medical Education and Gifts to Physicians, the Food and Drug Administration regulations regarding Industry Supported Scientific and Educational Activities, the PhRMA code on Interactions with Healthcare Professionals, and the Office of Inspector General Compliance Program Guidance for Pharmaceutical Manufacturers.

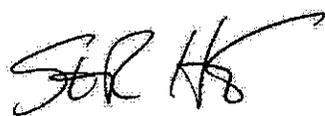
AGREED

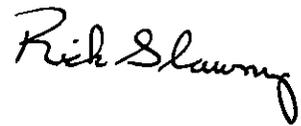
For Commercial Supporter:

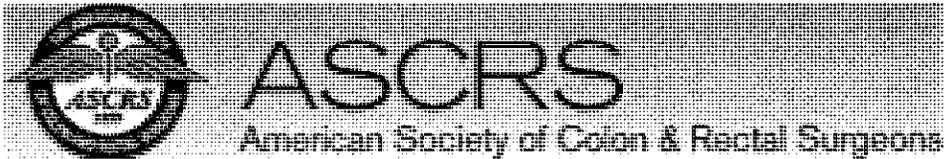
Signature: _____ Date: _____
Name, title

For American Society of Colon and Rectal Surgeons:


Program Chair: _____ Date: _____
Matthew Mutch, MD


Program Co- Chair: _____ Date: _____
Steven Hunt, MD


Signature: _____ Date: _____
Rick Slawny, Co-Executive Director



[Home](#) > [Industry](#) > 2009 ASCRS Premier ...

2009 ASCRS Premier Partners

The American Society of Colon and Rectal Surgeons recognizes the indispensable role that health care companies play in helping the Society to maintain its focus on colorectal surgery and enhance the care that its members provide to patients. ASCRS would like to thank the following companies for their generous support of this year's Annual Meeting.

DIAMOND
\$250,000 and above

Ethicon Endo-Surgery, Inc., a Johnson & Johnson Company

PLATINUM
\$125,000 - \$249,999

Adolor and GlaxoSmithKline
Covidien

GOLD
\$70,000 - \$124,999

Medtronic, Inc.
Applied Medical

SILVER
\$25,000 - \$69,999

Boston Scientific Endoscopy
Genzyme BioSurgery
Intuitive Surgical, Inc.
Mederi Therapeutics, Inc.
Myriad Genetic Laboratories, Inc.
Olympus America Inc.
Richard Wolf Medical Instruments Corporation

BRONZE
\$5,000 - \$24,999

American Medical Systems
ConvaTec
DiagnoCure Oncology Laboratories
Ferndale Laboratories, Inc.
Genentech BioOncology
Konsyl Pharmaceuticals, Inc.
Merck & Co., Inc.
Power Medical Interventions, Inc.
Sanofi-aventis U.S.
Stryker Endoscopy

OTHER CONTRIBUTORS

Centocor-Ortho Biotech Services, LLC • Ethicon, Inc. • Genzyme • Microline

2006

Thanks to our Corporate Supporters

ASCRS is grateful to the following companies and organizations for their generous support of the following projects and programs this year:

Adolor Corporation and GlaxoSmithKline

Sponsor of the registration bags...Meeting Schedule Board...and supporter of the Monday breakfast symposium on *Obstacles to Post-Operative Recovery*.

American Medical Systems

Co-supporter of the Tuesday dinner symposium *Optimal Therapy for Fecal Incontinence*.

Applied Medical

Co-supporter (grant and supplies) of Saturday's Workshop on *Hand Assisted Laparoscopic Intestinal Surgery*...and co-sponsor of the Sunday breakfast symposium on *Laparoscopic Technique: The Real Nuts & Bolts*.

ASCRS Research Foundation

Co-supporter of the Norman Nigro Research Lectureship on Monday.

Autosuture/Valleylab/Tyco Healthcare

Co-supporter (grant and supplies) of Saturday's Workshop on *Hand Assisted Laparoscopic Intestinal Surgery*.

Harry E. Bacon Foundation

Supporter of the Harry E. Bacon Lectureship on Wednesday.

B-K Medical Systems, Inc.

Supporter of the *Endorectal Ultrasound Course Hands-On-Lab* on Saturday.

ConvaTec, a Bristol Myers Squibb Company

Co-supporter of the Saturday dinner symposium on *Update on Management of Intestinal Stomas and Complex Abdominal Wounds*.

Curon Medical, Inc.

Co-supporter of the Tuesday dinner symposium
Optimal Therapy for Fecal Incontinence.

Ethicon Endo-Surgery, Inc.

Sponsor of the "Save the Date" promotional brochure...Abstracts on Disk...the Executive Council Reception/Dinner...CARSEP VII...and co-supporter (grant and supplies) of Saturday's Workshop on *Hand Assisted Laparoscopic Intestinal Surgery*...co-sponsor of the Sunday breakfast symposium on *Laparoscopic Technique: The Real Nuts & Bolts*...the Tuesday symposium on *Problems of the Pelvic Floor: Treatment of Obstructive Defecation/Rectocele*...the Sunday luncheon symposium on *Current Management of Hemorrhoids*... Monday luncheon symposium *Frontiers in Colorectal Surgery*...and the Sunday Allied Health Professional breakfast workshop *Beyond Physicians: The Critical Role of Allied Health Professionals in the Care of Patients with Colorectal Disease.*

Ferndale Laboratories Inc.

Sponsor of the Residents' Reception on Tuesday.

Genzyme Biosurgery

Grant in support of the ASCRS Annual Meeting
June 3-7, 2006, in Seattle.

GlaxoSmithKline

Supporter of the Tuesday breakfast symposium
*Strategies for Prevention of Cardiovascular
Complications Following Abdominal Surgery.*

Karl Storz Endoscopy-America, Inc.

Co-supporter (grant and supplies) of Saturday's
Workshop on *Hand Assisted Intestinal Surgery.*

Konsyl Pharmaceuticals, Inc.

Sponsor of the Residents' Breakfast on Monday.

3M Pharmaceuticals

Co-supporter of the Saturday morning symposium
Prevention and Early Diagnosis of Anal Cancer.

continues on the following page ...

Merck & Co., Inc.

Supporter of the Tuesday symposium *An Ounce of Prevention: Reducing Postoperative Wound Infections with an Interactive Case-Based Approach.*"

Microline PENTAX Inc.

Co-supporter (grant and supplies) of Saturday's Workshop on *Hand Assisted Laparoscopic Intestinal Surgery.*

Myriad Genetic Laboratories, Inc.

Co-supporter of the Norman Nigro Research Lectureship on Monday...and supporter of the Wednesday breakfast symposium on *The A, B and C of Hereditary Colorectal Cancer: What You Must Know. What You Must Do.*

Olympus America Inc.

Co-supporter of the Monday luncheon symposium *Frontiers in Colorectal Surgery.*

Olympus Surgical America Inc.

Co-supporter (grant and supplies) of Saturday's Workshop on *Hand Assisted Laparoscopic Intestinal Surgery*...and the Monday luncheon symposium *Frontiers in Colorectal Surgery.*

Pfizer Inc.

Co-supporter of the Sunday Allied Health Professional breakfast workshop *Beyond Physicians: The Critical Role of Allied Health Professionals in the Care of Patients with Colorectal Disease.*

Roche Laboratories

Sponsor of the poster reproductions ... and posters on CD-Rom.

Stryker Endoscopy

Co-supporter (grant and supplies) of Saturday's Workshop on *Hand Assisted Laparoscopic Intestinal Surgery.*

SuturTek Incorporated

Supporter of the Tuesday symposium *Surgeon Protect Thyself.*

**Richard Wolf
Medical Instruments Corp.**

Supporter of the Saturday *Transanal Endoscopic Microsurgery* program.

Thanks to our Corporate Supporters

ASCRS and its Research Foundation are grateful to the following companies and organizations for their generous support of the following projects and programs this year:

Adolor Corporation and GlaxoSmithKline

Supporter of Monday's breakfast symposium on *Prevention and Treatment of Complications after Colorectal Surgery: Ileus, Anastomotic Leak, Hemorrhage, and DVT*... sponsor of the Convention Registration Bags... Schedule of Events Board... and Hotel Keys.

American Medical Systems

Co-supporter of Tuesday's symposium on *Pelvic Floor: The View from the Other Side*.

Applied Medical

Co-supporter of the Saturday *Hand Assisted Laparoscopic Intestinal Surgery Workshop*... the Sunday breakfast symposium on *Laparoscopic Colectomy: The Basics and Beyond*... and the Monday symposium on *Advanced Laparoscopic Colectomy Techniques: The Tough Stuff*.

Autosuture/Valleylab/Tyco Healthcare

Co-supporter of the Saturday *Hand Assisted Laparoscopic Intestinal Surgery Workshop*... the Sunday breakfast symposium on *Laparoscopic Colectomy: The Basics and Beyond*... the Monday symposium on *Advanced Laparoscopic Colectomy Techniques: The Tough Stuff*... supporter of the Tuesday dinner symposium on *Complex Abdominal Wall Problems: Got Mesh?*... and an unrestricted grant in support of the Research Foundation's *Meet the Challenge* program.

B-K Medical Systems, Inc.

Supporter of the Saturday *Endorectal Ultrasound Course Hands-on Lab*.

Centocor, Inc.

Partial supporter of the Wednesday program on *Expert Exchange on Difficult Dilemmas in Inflammatory Bowel Disease*.

ConvaTec

Supporter of the Sunday symposium on *The Critical Role of Allied Health Professionals in the Management of Patients with Colorectal Diseases*.

Cook Medical

Supporter of the Saturday dinner symposium on *Biologics in Colorectal Surgery*.

Ethicon Endo-Surgery, Inc., a Johnson & Johnson Company

Sponsor of the Abstracts on Disk... "Save the Date" promotional brochure... and the Executive Council Dinner... supporter of the Tuesday symposium on *Laparoscopic Colectomy for Senior Residents in General Surgery*... Saturday's *Directors' Corner: How to Make and Present "State of the Art" Surgical Videos*... co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*... the Sunday symposium on *Laparoscopic Colectomy: The Basics and Beyond*... the Monday symposium on *Advanced Laparoscopic Colectomy Techniques: The Tough Stuff*... and an unrestricted grant in support of the Research Foundation's *Meet the Challenge* program.

Ferndale Laboratories, Inc.

Supporter of the Residents' Reception on Tuesday.

Genzyme Biosurgery

Partial support of the Tuesday symposium on *Centers of Excellence for the Treatment of Rectal Cancer*... and an unrestricted grant in support of the Research Foundation's *Meet the Challenge* program.

GlaxoSmithKline

Supporter of the Sunday symposium on *Radical Resections for Rectal Cancer*.

I-Flow Corporation

Sponsor of the hotel turn-down service.

Karl Storz Endoscopy-America, Inc.

Co-supporter of the Saturday *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Kenwood Therapeutics

Sponsor of the lanyards for the badge holders.

Konsyl Pharmaceuticals

Supporter of the Monday morning Residents' Breakfast.

LifeCell

Unrestricted educational grant in support of the Annual Meeting.

Thanks to our Corporate Supporters

ASCRS and its Research Foundation are grateful to the following companies and organizations for their generous support of the following projects and programs this year:

Adolor Corporation and GlaxoSmithKline

Supporter of Monday's breakfast symposium on *Fast Track: How to Safely Reduce Hospital Stay Following Colorectal Surgery*... sponsor of the Convention Registration Bags... Schedule of Events Board... and Hotel Keys.

Alaven Pharmaceutical LLC

Sponsor of the Exhibit Hall restrooms.

American Medical Systems

Partial support of Tuesday's symposium on *Advances in the Treatment of Incontinence and Pelvic Floor Disorders*.

Amgen Inc.

Co-supporter of Sunday's symposium on *Treating Colorectal Cancer Patients in the Era of Molecular Therapy*.

Applied Medical

Co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*... the Sunday breakfast symposium on *Laparoscopic Techniques: Nuts, Bolts & Beyond*... the Sunday symposium on *Laparoscopic Rectal Resection: Trials and Tribulations*... and the Tuesday *Laparoscopic Colectomy for Senior Residents in General Surgery*.

B-K Medical Systems, Inc.

Supporter of the Saturday *Endorectal Ultrasound Course*.

Bristol-Myers Squibb Company and ImClone Systems

Co-supporter of Sunday's symposium on *Treating Colorectal Cancer Patients in the Era of Molecular Therapy*.

ConvaTec, a Bristol-Myers Squibb Company

Partial support of the Saturday symposium on *The Critical Role of Allied Health Professionals in the Management of Patients with Colorectal Diseases*.

Cook Medical

Supporter of the Saturday luncheon symposium on *Modern Management of Anal Fistulas*.

Covidien

Sponsor of the Lead Retrieval... Notepads and Pens... Banner in the Convention Center... co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*... the Saturday dinner symposium on *Technologic Advances in the Diagnosis and Treatment of Colorectal Disease*... the Sunday breakfast symposium on *Laparoscopic Techniques: Nuts, Bolts & Beyond*... the Tuesday *Laparoscopic Colectomy for Senior Residents in General Surgery*... supporter of the *Meet the Professor Breakfasts* on Monday... and an unrestricted grant in support of the Research Foundation's *Meet the Challenge* program.

Ethicon Endo-Surgery, Inc.

Sponsor of the Abstracts on Disk... "Save the Date" flyer... Executive Council Dinner... Pocket Program Guide... lanyards for the badge holders... 2007 - 2008 ASCRS Membership Directory... and the 2008 - 2009 Membership Directory... supporter of the Tuesday symposium on *How Will We Train the Next Generation of Colorectal Surgeons*... co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*... the Sunday breakfast symposium on *Laparoscopic Techniques: Nuts, Bolts & Beyond*... the Sunday luncheon symposium on *Robotics in Colorectal Surgery*... the Sunday symposium on *Laparoscopic Rectal Resection: Trials and Tribulations*... Tuesday's *Laparoscopic Colectomy for Senior Residents in General Surgery*... and an unrestricted grant in support of the Research Foundation's *Meet the Challenge* program.

Ferndale Laboratories, Inc.

Supporter of the Residents' Reception on Monday.

Genzyme Biosurgery

Sponsor of the bottled water in the hotel room on Sunday... co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*... partial support of the Saturday symposium on *Ensuring Quality Care for Colorectal Surgery Patients: Redesigning the System*... and an unrestricted grant in support of the Research Foundation's *Meet the Challenge* program.

Thanks to our Corporate Supporters

ASCRS and its Research Foundation are grateful to the following companies and organizations for their generous support of the following projects and programs this year:

Graceway Pharmaceuticals, LLC

Partial support of the Saturday symposium on *Controversies in the Current Treatment of Anal Intraepithelial Neoplasm*.

Intuitive Surgical

Co-supporter of the Sunday luncheon symposium on *Robotics in Colorectal Surgery*.

Karl Storz Endoscopy-America, Inc.

Co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Konsyl Pharmaceuticals

Supporter of the Monday morning *Residents' Breakfast*.

Merck & Co., Inc.

Supporter of the Tuesday breakfast symposium on *Improving Outcomes Following Colorectal Surgery...* and the license fee for CME.

Microline – Pentax

Co-supporter of the *Saturday Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Myriad Genetic Laboratories, Inc.

Supporter of the Wednesday breakfast symposium on *Identification, Testing and Treatment of Patients with HNPCC...* and its Vodcast placement on the ASCRS website.

Olympus America Inc.

Co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop...* the Saturday dinner symposium on *Technologic Advances in the Diagnosis and Treatment of Colorectal Disease...* and the Sunday breakfast symposium on *Laparoscopic Techniques: Nuts, Bolts & Beyond*.

Power Medical Interventions, Inc.

Co-supporter of the Saturday dinner symposium on *Technologic Advances in the Diagnosis and Treatment of Colorectal Disease*.

Richard Wolf Medical Instruments Corporation

Supporter of Saturday's morning and afternoon sessions of *Transanal Endoscopic Microsurgery Courses (TEM) Expanding the Role of Local Excision: A Minimally Invasive Technique for Excision of Rectal Tumors*.

Sanofi-aventis

Co-supporter of the Sunday symposium on *Treating Colorectal Cancer Patients in the Era of Molecular Therapy*.

Stryker Endoscopy

Co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Tissue Science Laboratories

Sponsor of the *Advanced Registration Brochure...* and supporter of the Monday dinner symposium on *Biologic Mesh in Colorectal Surgery: Pelvic Floor Reconstruction, Ventral and Parastomal Hernia Repair*.

Wyeth Pharmaceuticals

Supporter of Sunday's breakfast symposium on *Best Evidence and Practical Advice in Managing Post Operative Ileus- 2008 and Beyond...* its placement on the ASCRS website... and the license fee for CME monograph.

Thanks to our Corporate Supporters

ASCRS is grateful to the following companies and organizations for their generous support of the following projects and programs this year:

Adolor Corporation and GlaxoSmithKline

Co-supporter of Sunday's luncheon symposium on *Perioperative Considerations*... the Monday's symposium on *Enhanced Recovery Protocols*... sponsor of the Meeting Schedule Board... and sponsor of the Advance Registration Brochure.

American Express

Sponsor of Wednesday's Business Meeting

American Medical Systems

Partial support of Sunday's breakfast symposium on *Prosthetics in Colorectal Surgery*

Applied Medical

Co-supporter of the Saturday *Hand Assisted Laparoscopic Intestinal Surgery Workshop*... the Sunday symposium on *Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox*... and partial support of the Monday symposium on *Rectal Cancer*.

Boston Scientific Endoscopy

Supporter of the Tuesday Breakfast Symposium on *Developments in Colonic Stenting*.

Centocor Ortho Biotech Services LLC

Partial support of Tuesday's scientific session on *Inflammatory Bowel Disease*.

ConvaTec Inc.

Partial support of the Sunday Allied Health Program for Nurses on *The Critical Role of Allied Health Professionals in the Management of Patients with Colorectal Disease*.

Covidien

Sponsor of the Lead Retrieval... the October Executive Council Dinner... co-supporter of the Saturday *Hand Assisted Laparoscopic Intestinal Surgery Workshop*... Saturday's *Laparoscopic Colectomy Workshop*... the Saturday *Laparoscopic Colectomy for Senior Residents in General Surgery*... the Sunday symposium on *Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox*... and Monday's Symposium on *Energy Devices in Colon & Rectal Surgery*.

DiagnoCure Oncology Laboratories

Co-supporter of the Monday breakfast symposium on *Lymph Nodes: Prognostic, Therapeutic and Quality Implications*.

Ethicon Endo-Surgery, Inc., a Johnson & Johnson Company

Sponsor of the Abstracts on Disk... "Save the Date" flyer... Executive Council Dinner... Hotel Key Card... Pocket Program Guide... Exhibit Aisle Markers... Banners in the Convention Center... Janus Boards... and the 2009 - 2010 Membership Directory... supporter of Sunday's *Simulation Colectomy Workshop*... co-supporter of Saturday's *Laparoscopic Colectomy Workshop*... Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*... Saturday's *Laparoscopic Colectomy for Senior Residents in General Surgery*... the Sunday symposium on *Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox*... the Sunday symposium on *Technological Advances in the Diagnosis and Treatment of Colorectal Diseases*... the Monday symposium on *Energy Devices in Colon & Rectal Surgery*... Wednesday's ASCRS/SAGES Joint Symposium on *NOTES*... and the *Innovative Surgical Techniques Research Grant* in support of the ASCRS Research Foundation.

Ethicon, Inc.

Co-supporter of Sunday's breakfast symposium on *Prosthetics in Colorectal Surgery*

Ferndale Laboratories, Inc.

Supporter of the Residents' Reception on Tuesday.

Thanks to our Corporate Supporters

ASCRS is grateful to the following companies and organizations for their generous support of the following projects and programs this year:

Genentech BioOncology

Partial support of the Wednesday symposium on *Evaluation and Management of Metastatic Colon and Rectal Cancer*

Genzyme Biosurgery

Co-supporter of the Saturday *Hand Assisted Laparoscopic Intestinal Surgery Workshop*... and co-sponsor of Monday's symposium on *Enhanced Recovery Protocols*

Genzyme

Partial support of the Tuesday Dinner symposium on *Understanding Syndromes of Inherited Colorectal Cancer*

Intuitive Surgical, Inc.

Co-supporter of Tuesday's symposium on *Robotics*.

Konsyl Pharmaceuticals, Inc.

Supporter of the Monday morning *Residents' Breakfast*.

Mederi Therapeutics, Inc.

Co-supporter of the Sunday symposium on *Technological Advances in the Diagnosis and Treatment of Colorectal Diseases*

Medtronic, Inc.

Supporter of Tuesday's ASCRS/IFFGD Joint Symposium on *Fecal Incontinence*... and co-supporter of Sunday's Symposium on *Technological Advances in the Diagnosis and Treatment of Colorectal Diseases*

Merck & Co., Inc.

Co-supporter of Sunday's Luncheon Symposium on *Perioperative Considerations*

Microline/PENTAX, Inc.

Co-supporter of the Saturday *Laparoscopic Colectomy Workshop*.

Myriad Genetic Laboratories, Inc.

Supporter of the Tuesday Dinner symposium on *Understanding Syndromes of Inherited Colorectal Cancer*

Olympus America Inc.

Co-supporter of Saturday's *Laparoscopic Colectomy Workshop*... the Sunday symposium on *Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox*... and Wednesday's ASCRS/SAGES Joint Symposium on *NOTES*

Power Medical Interventions, Inc.

Co-supporter of Tuesday's Symposium on *Robotics*

Richard Wolf Medical Instruments Corporation

Supporter of Saturday's morning and afternoon sessions of *Transanal Endoscopic Microsurgery Courses (TEM)*.

sanofi-aventis U.S.

Co-supporter of Sunday's Luncheon Symposium on *Perioperative Considerations*... and Monday's breakfast symposium on *Lymph Nodes: Prognostic, Therapeutic and Quality Implications*

Stryker Endoscopy

Co-supporter of the Saturday *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Corporate supporters contribute to Annual Meeting's success

ASCRS is grateful to the following companies and organizations for their generous support of the following programs:

Adolar Corporation and GlaxoSmithKline
Supporter of the registration bags, Meeting Schedule Board, and supporter of the breakfast symposium, *Obstacles to Post-Operative Recovery*.

American Medical Systems
Co-supporter of the dinner symposium, *Optimal Therapy for Fecal Incontinence*.

Applied Medical
Co-supporter (grant and supplies) of the workshop on *Hand Assisted Laparoscopic Intestinal Surgery*, and co-sponsor of the *Laparoscopic Technique: The Real Nuts and Bolts* breakfast symposium.

ASCRS Research Foundation
Co-supporter of the Norman Nigro Research Lectureship.

Autosuture/Valleylab/Tyco Healthcare
Co-supporter (grant and supplies) of the workshop on *Hand Assisted Laparoscopic Intestinal Surgery*.

Harry E. Bacon Foundation
Supporter of the Harry E. Bacon Lectureship.

B-K Medical Systems, Inc.
Supporter of the *Endorectal Ultrasound Hands-On Lab*.

ConvaTec, a Bristol Myers Squibb Company
Co-supporter of the *Update on Management of Intestinal Stomas and Complex Abdominal Wounds* dinner symposium.

Curon Medical, Inc.
Co-supporter of the *Optimal Therapy for Fecal Incontinence* dinner symposium.

Ethicon Endo-Surgery, Inc.
Supporter of the "Save the Date" promotional brochure, Abstracts on Disk, the Executive Council Reception/ Dinner and CARSEP VII; co-supporter (grant and supplies) of the workshop on *Hand Assisted Laparoscopic Intestinal Surgery*; co-sponsor of the *Laparoscopic Technique: The Real Nuts & Bolts* breakfast symposium, the symposium on *Problems of the Pelvic Floor: Treatment of Obstructive Defecation/Rectocele*, the *Current Management of Hemorrhoids* and *Frontiers in Colorectal Surgery* luncheon symposia, and the Allied Health Professional breakfast workshop *Beyond Physicians: The Critical Role of Allied Health Professionals in the Care of Patients with Colorectal Disease*.

Ferndale Laboratories, Inc.
Supporter of the Resident's Reception.

Genzyme Biosurgery
Grant in support of the ASCRS Annual Meeting.

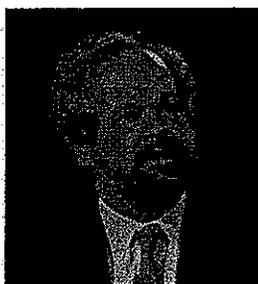
GlaxoSmithKline
Supporter of the Strategies for *Prevention of Cardiovascular Complications Following Abdominal Surgery* breakfast symposium.

Karl Storz Endoscopy-America, Inc.
Co-supporter (grant and supplies) of the workshop on *Hand Assisted Intestinal Surgery*.

Konsyl Pharmaceuticals, Inc.
Supporter of the Resident's Breakfast.

3M Pharmaceuticals
Co-supporter of the *Prevention and Early Diagnosis of Anal Cancer* symposium.

Merck & Co., Inc.
Supporter of the *An Ounce of Prevention: Reducing Postoperative Wound Infections with an Interactive Case-Based Approach* symposium. *



Juan Enrriquez, Chairman and CEO, Biotechnology LLC, Wellesley Hills, MA, delivers the Norman Nigro Lecture.

President's Message ...continued from page 3

Gastrointestinal and Endoscopic Surgeons (SAGES), a collaborative organization on many mutual issues.

The future of the ASCRS depends heavily on its membership. Continuing legislation makes it more difficult to continue to rely on the corporate support that has provided significant funds for our Annual Meeting for many years. Under the leadership of Dr. Bruce Wolff, the Council approved a corpus of dollars to seed the ASCRS Educational Endowment Fund. This serves as another fundraising vehicle for potential support of the Annual Meeting and other educational projects.

To date, fundraising efforts by the ASCRS and the Research Foundation have been very encouraging. Still, we have not raised enough for long term planning and

independence! A Planned Giving program was initiated last year, and President-elect Dr. Doug Wong will chair it in 2006-07. Planned gifts are created from one's estate.

These gifts can be donated to the Society for either research or education. A \$25,000 minimum gift places the donor in the first legacy circle. Alternatively, entry into any Legacy Circle can be through prior donations, which progressively accumulate to \$25,000 or more.

Information about all of our fundraising programs will soon be available on our Website and in the November newsletter.

It is my privilege to work for the Society this year. Meet us in St. Louis, June 2-6, 2007! *

Presidential Address ...continued from page 4

outcome could be helpful). We have been bamboozled by the rising cost of healthcare, the rise of socialized medicine, the socialization of medicine, and managed care, he told the Annual Meeting audience, noting that managed care has led to a decrease in length of hospital stay.

One of the most urgent priorities today is to develop effective responses in the area of performance management, where ASCRS is organizing a very effective response, he said.

What about the future? "You cannot predict future surprises or they wouldn't be a surprise," Dr. Rosen concluded. *

Society thanks corporate supporters

ASCRS is grateful to the following companies and organizations for their generous support of the following projects and programs:

Adolor Corporation and GlaxoSmithKline – Monday's breakfast symposium, *Prevention and Treatment of Complications After Colorectal Surgery: Ileus, Anastomotic Leak, Hemorrhage, and DVT*; the Convention Registration Bags, Schedule of Events Board, and hotel keys.

American Medical Systems – Co-supporter of Tuesday's symposium, *Pelvic Floor: The View from the Other Side*.

Applied Medical – Co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*; Sunday's breakfast symposium, *Laparoscopic Colectomy: The Basics and Beyond*; and Monday's symposium, *Advanced Laparoscopic Colectomy Techniques: The Tough Stuff*.

Autosuture/Valleylab/Tyco Healthcare – Co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*; Sunday's breakfast symposium, *Laparoscopic Colectomy: The Basics and Beyond*; Monday's symposium, *Advanced Laparoscopic Techniques: The Tough Stuff*; Supporter of Tuesday's dinner symposium, *Complex Abdominal Wall Problems: Got Mesh?*; and an unrestricted grant in support of the Research Foundation's "Meet the Challenge" program.

B-K Medical Systems, Inc. – Saturday's *Endorectal Ultrasound Course Hands-on Lab*.

Centocor, Inc. – Wednesday's program on *Expert Exchange on Difficult Dilemmas in Inflammatory Bowel Disease*.

ConvaTec – Sunday's symposium, *The Critical Role of Allied Health Professionals in the Management of Patients with Colorectal Disease*.

Cook Medical – Saturday's dinner symposium, *Biologics in Colorectal Surgery*.

Ethicon Endo-Surgery, Inc., a Johnson & Johnson Company – Abstracts on Disk; "Save the Date" promotional brochure; the Executive Council Dinner; Tuesday's symposium, *Laparoscopic Colectomy for Senior Residents in General Surgery*; Saturday's *Director's Corner: How to Make and Present "State-of-the-Art" Surgical Videos*; Co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*; Sunday's symposium, *Laparoscopic Colectomy: The Basics and Beyond*; Monday's symposium, *Advanced Laparoscopic Colectomy Techniques: The Tough Stuff*; and an unrestricted grant in support of the Research Foundation's "Meet the Challenge" program.

Ferndale Laboratories, Inc. – Tuesday's Residents' Reception.

Genzyme Biosurgery – Partial supporter of Tuesday's symposium, *Centers of Excellence for the Treatment of Rectal Cancer*; and an unrestricted grant in support of the Research Foundation's "Meet the Challenge" program.

GlaxoSmithKline – Sunday's symposium, *Radical Resections for Rectal Cancer*.

I-Flow Corporation – Hotel turn-down service.

Karl Storz Endoscopy-America, Inc. – Co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Kenwood Therapeutics – Lanyards for the badge holders.

Konsyl Pharmaceuticals – Monday's Residents' Breakfast.

LifeCell – Unrestricted educational grant in support of the Annual Meeting.

Merck & Co., Inc. – Tuesday's breakfast symposium, *Controversies in Diverticulitis*; and a license fee for CME.

Microline/PENTAX, Inc. – Co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Myriad Genetic Laboratories, Inc. – Wednesday's breakfast symposium, *"So What Do I Do Now?": Case Discussions in Hereditary Colorectal Cancer*; and an unrestricted grant in support of the Research Foundation's "Meet the Challenge" program.

Olympus Surgical America, Inc. – Co-supporter of Tuesday's symposium, *Advanced Endoscopy and Natural Orifice Surgery*; and Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Progenics Pharmaceuticals, Inc. – Unrestricted educational grant in support of the Annual Meeting.

Richard Wolf Medical Instruments Corporation – Saturday's *Transanal Endoscopic Microsurgery Courses (TEM) Expanding the Role of Local Excision* sessions; and the 2006-2007 Membership Directory.

Sanofi-aventis – Monday's scientific programs, *Neoplasia I and II*.

Stryker Endoscopy – Co-supporter of Saturday's *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Tissue Science Laboratories, Inc. – Tuesday's *Meet the Professor* Breakfasts.

Wyeth – Sunday's breakfast symposium, *Technologic and Pharmacologic Advances for Enhanced Recovery After Colectomy*; and its placement on the ASCRS Website. *

ASCRS thanks corporate supporters

ASCRS and its Research Foundation are grateful to the following companies and organizations for their generous support of the following projects and programs this year:

Adolor Corporation and GlaxoSmithKline – Supporter of the *Fast Track: How to Safely Reduce Hospital Stay Following Colorectal Surgery* breakfast symposium, Convention Registration Bags, Schedule of Events Board and Hotel Keys.

Alaven Pharmaceutical LLC – Sponsor of the Exhibit Hall restrooms.

American Medical Systems – Partial support of the *Advances in the Treatment of Incontinence and Pelvic Floor Disorders* symposium.

Amgen Inc. – Co-supporter of the *Treating Colorectal Cancer Patients in the Era of Molecular Therapy* symposium.

Applied Medical – Co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*, the *Laparoscopic Techniques: Nuts, Bolts & Beyond* breakfast symposium, the *Laparoscopic Rectal Resection: Trials and Tribulations* symposium, and the *Laparoscopic Colectomy for Senior Residents in General Surgery* workshop.

B-K Medical Systems, Inc. – Supporter of the *Endorectal Ultrasound Course*.

Bristol-Myers Squibb Company and ImClone Systems – Co-supporter of the *Treating Colorectal Cancer Patients in the Era of Molecular Therapy* symposium.

ConvaTec, a Bristol-Myers Squibb Company – Partial support of *The Critical Role of Allied Health Professionals in the Management of Patients with Colorectal Diseases* symposium.

Cook Medical – Supporter of the *Modern Management of Anal Fistulas* luncheon symposium.

Covidien – Sponsor of the Lead Retrieval, Notepads and Pens, Convention Center Banner, co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*, the *Technologic Advances in the Diagnosis and Treatment of Colorectal Disease* dinner symposium, the *Laparoscopic Techniques: Nuts, Bolts & Beyond* breakfast symposium, the *Laparoscopic Colectomy for Senior Residents in General Surgery* workshop, supporter of the *Meet the Professor Breakfasts*, and an unrestricted grant in support of the Research Foundation's *Meet the Challenge* program.

Ethicon Endo-Surgery, Inc. – Sponsor of the Abstracts on Disk, "Save the Date" Flyer, Executive Council Dinner, Pocket Program Guide, lanyards for the badge holders, 2007 – 2008 ASCRS Membership Directory and the 2008 – 2009 Membership Directory, supporter of the *How Will We Train the Next Generation of Colorectal Surgeons* symposium, co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*, the *Laparoscopic Techniques: Nuts, Bolts & Beyond* breakfast symposium, the *Robotics in Colorectal Surgery* luncheon symposium, the *Laparoscopic Rectal Resection: Trials and Tribulations* symposium, the *Laparoscopic*

Colectomy for Senior Residents in General Surgery workshop, and an unrestricted grant in support of the Research Foundation's *Meet the Challenge* program.

Ferndale Laboratories, Inc. – Supporter of the Residents' Reception.

Genzyme Biosurgery – Sponsor of the hotel room bottled water, co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*, partial supporter of the *Ensuring Quality Care for Colorectal Surgery Patients: Redesigning the System* symposium, and an unrestricted grant in support of the Research Foundation's *Meet the Challenge* program.

Graceway Pharmaceuticals, LLC – Partial supporter of the *Controversies in the Current Treatment of Anal Intraepithelial Neoplasm* symposium.

Intuitive Surgical – Co-supporter of the *Robotics in Colorectal Surgery* luncheon symposium.

Karl Storz Endoscopy-America, Inc. – Co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Konsyl Pharmaceuticals – Supporter of the Residents' Breakfast.

Merck & Co., Inc. – Supporter of the *Improving Outcomes Following Colorectal Surgery* breakfast symposium, and the license fee for CME.

Microline – Pentax – Co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop* and the *Laparoscopic Colectomy* workshop for senior residents in general surgery.

Myriad Genetic Laboratories, Inc. – Supporter of the *Identification, Testing and Treatment of Patients with HNPCC* breakfast symposium, and its Vodcast placement on the ASCRS Website.

Olympus America Inc. – Co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*, the *Technologic Advances in the Diagnosis and Treatment of Colorectal Disease* dinner symposium, and the *Laparoscopic Techniques: Nuts, Bolts & Beyond* breakfast symposium.

Power Medical Interventions, Inc. – Co-supporter of the *Technologic Advances in the Diagnosis and Treatment of Colorectal Disease* dinner symposium.

Richard Wolf Medical Instruments Corporation – Supporter of *Transanal Endoscopic Microsurgery Courses (TEM) Expanding the Role of Local Excision: A Minimally Invasive Technique for Excision of Rectal Tumors*.

sanofi-aventis – Co-supporter of the *Treating Colorectal Cancer Patients in the Era of Molecular Therapy* symposium.



Dr. Douglas Wong thanks Jim Haney, of Ethicon Endo-Surgery, Inc., a Johnson and Johnson Company, for its strong support of the ASCRS Annual Meeting.

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ASCRS thanks corporate supporters ...continued from previous page

Stryker Endoscopy – Co-supporter of the *Hand Assisted Laparoscopic Intestinal Surgery Workshop*.

Tissue Science Laboratories – Sponsor of the Advanced Registration Brochure, supporter of the *Biologic Mesh in Colorectal Surgery: Pelvic Floor Reconstruction, Ventral and Parastomal Hernia Repair* dinner symposium.

Wyeth Pharmaceuticals – Supporter of the *Best Evidence and Practical Advice in Managing Post Operative Ileus – 2008 and Beyond* breakfast symposium, its placement on the ASCRS Website, and the license fee for CME monograph. *

Dr. Anthony Senagore tops slate of newly-elected Society officers

Dr. Anthony J. Senagore, Grand Rapids, MI, was elected 2008-09 ASCRS President during the Society's Annual Meeting in Boston. He succeeds Dr. W. Douglas Wong, New York, NY, who continues to serve on the Executive Council as Past President.

Other ASCRS members newly elected to serve on the Executive Council are:

- Dr. James W. Fleshman, St. Louis, MO, President-elect.
- Dr. Jacques P. Heppell, Phoenix, AZ, Vice President.
- Dr. Steven D. Wexner, Weston, FL, Secretary.
- Dr. Jose G. Guillem, New York, NY, Research Foundation President.
- Dr. Janice F. Rafferty, Cincinnati, OH, Member-at-Large.
- Dr. Mark L. Welton, Stanford, CA, Member-at-Large.

ASCRS President: Dr. Senagore

Dr. Senagore is Professor of Surgery at Michigan State University-West Michigan Medical School, Grand Rapids, and Vice President for Research and Education at Spectrum Health.

An ASCRS Fellow and member since 1989, Dr. Senagore has previously served on the Executive Council as Treasurer and President-elect. He is Chair of the Fundraising Steering Committee and Planned Giving Committees, and Associate Editor of the Society's Journal, *Diseases of the Colon and Rectum (DC&R)*.

Dr. Senagore is past Chair of the Socioeconomic Committee, and the Practicing Physicians Advisory Committee to the Centers for Medicare and Medicaid. He has represented the Society on the Relative Value Update Committee, served on the Technologies and Continuing Medical Education Committees, and co-chaired the Program Committee for the 1993 ASCRS Annual Meeting in Chicago.

ASCRS President-elect: Dr. Fleshman

Dr. Fleshman is Chief, Section of Colon and Rectal Surgery, Washington University in St. Louis at Barnes Jewish Hospital, and Professor of Surgery at Washington University.

An ASCRS Fellow, Dr. Fleshman completed a three-year term as Secretary before becoming President-elect, and has served

on the Executive Council since 1993. He also served as President of the Research Foundation and chaired the Continuing Education, Program, Outcome Measures, and Impact Paper Committees. He has served on many other ASCRS committees, including the Maintenance of Certification, Quality Assessment and Safety, and CPT Advisory Committees.

Dr. Fleshman was also Senior Editor for *The ASCRS Textbook of Colon and Rectal Surgery*, a member of the *Diseases of the Colon & Rectum* Editorial Board, and served as Core Subject Coordinator from 1994 – 1997.

ASCRS Vice President: Dr. Heppell

Dr. Heppell is Vice Chair – Clinical Research, Department of Surgery, and Professor of Surgery at Mayo Clinic, Phoenix, AZ.

He is an ASCRS Fellow who has previously served on the Awards, Membership, Selected Abstracts and Program Committees. In addition, Dr. Heppell was a Reviewer and Associate Abstract Editor for *Diseases of the Colon & Rectum* from 1997 – 1999.



Dr. James Fleshman Dr. Jacques Heppell Dr. Steven Wexner

ASCRS Secretary: Dr. Wexner

Dr. Wexner is Chairman of the Department of Colorectal Surgery, Emeritus Chief of Staff, and Chief Academic Officer at Cleveland Clinic, Florida. He is also Professor of Surgery at the University of Health Sciences Center, Ohio State University, and Affiliate Professor of Surgery at the University of South Florida.

An ASCRS fellow and current Vice President of the Research Foundation, Dr. Wexner has chaired several committees, including Membership, International, and Regional Society. He has also served as Vice Chair of the Self Assessment Committee, and as a member of the Program, Awards, Public Relations, and Bylaws Committees.

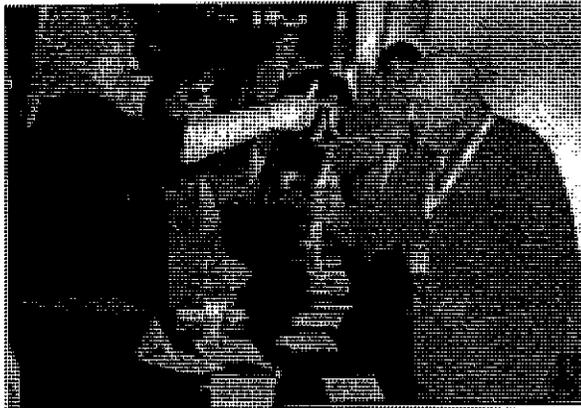
In addition, Dr. Wexner has been an Executive Council Member-at-Large, a member of the *Diseases of the Colon and Rectum* Editorial Board, Chair of the Advisory Council for Colon and Rectal Surgeons to the American College of Surgeons, a senior editor of the ASCRS textbook, and a

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Members again exceed "challenge," as Research Foundation raises \$108,668

ASCRS members again stepped up and saw to it that the Research Foundation exceeded the fundraising goal for its 5th annual "Meet the Challenge" program during the Florida Annual Meeting, raising \$96,280.

"We are delighted by the response during these difficult economic times," says Research Foundation President Dr. José G. Guillem, New York, NY. The Foundation received pledges totaling \$45,000 from Ethicon Endo-Surgery, Covidien, and Genzyme Biosurgery. "Our hope was to match this amount and raise \$45,000 from our members during the meeting to reach our goal of \$90,000 for the Foundation," Dr. Guillem says.



The bell rings for Dr. Carlos Andarsio following his donation to the Research Foundation's "Meet the Challenge" fundraiser.

In addition, members supported a silent auction during the festive Welcome Reception, held outside on the beautiful

Diplomat Landing, on the causeway across the street from the Westin Diplomat Resort and Spa. Regional Societies contributed prizes, valued from \$650 to \$2,550 that raised \$12,388.90.

The grand total for Research Foundation fundraising during the Annual Meeting topped \$108,668. These funds will be used to support Limited Project Grants, Career Development Awards, Medical Student and General Surgery Resident Research Initiation Grants, the International Fellowship, the Norman Nigro

Research lecture, and the Request for Proposal for Clinical Studies on Benign Colorectal Disorders. *

ASCRS thanks corporate supporters

ASCRS and the Research Foundation are grateful to the following companies and organizations for their generous support of the following projects and programs this past year:

Adolor Corporation and GlaxoSmithKline – Co-supporter of Sunday's luncheon symposium, "Perioperative Considerations" and the Monday symposium, "Enhanced Recovery Protocols;" sponsor of the Meeting Schedule Board and the Advance Registration Brochure.

American Medical Systems – Partial supporter of Sunday's breakfast symposium, "Prosthetics in Colorectal Surgery."

Applied Medical – Co-supporter of the Saturday Hand Assist Laparoscopic Intestinal Surgery Workshop, the Sunday symposium, "Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox;" and partial supporter of the Monday symposium on Rectal Cancer.

Boston Scientific Endoscopy – Supporter of the Tuesday breakfast symposium, "Developments in Colonic Stenting."

Centocor-Ortho Biotech Services, LLC – Partial supporter of Tuesday's scientific session on Inflammatory Bowel Disease.

ConvaTec Inc. – Partial supporter of the Sunday Allied Health Program, "The Critical Role of Allied Health Professionals in the Management of Patients with Colorectal Disease."



Society President Dr. James Fleschman presents Ethicon Endosurgery's Dawn Lane with an award of appreciation for Ethicon's support of the 2009 Annual Meeting.

Cook Medical – Partial supporter of Sunday's breakfast symposium, "Prosthetics in Colorectal Surgery."

Covidien – Co-supporter of Saturday's Hand Assist Laparoscopic Intestinal Surgery Workshop and Laparoscopic Colectomy Workshop; the Sunday symposium, "Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox;" Monday's symposium, "Energy Devices in Colon & Rectal Surgery;" sponsor of the Lead Retrieval, Internet Café and the October Executive Council Dinner; and an unrestricted grant in support of the Research Foundation's "Meet the Challenge" program.

DiagnoCure Oncology Laboratories –

Co-supporter of the Monday breakfast symposium, "Lymph Nodes: Prognostic, Therapeutic and Quality Implications."

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ASCRS thanks corporate supporters

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Ethicon Endo-Surgery, Inc., a Johnson & Johnson Company – Supporter of Sunday's Simulation Colectomy Workshop; co-supporter of Saturday's Laparoscopic Colectomy Workshop and Hand Assist Laparoscopic Intestinal Surgery Workshop; the Sunday symposium, "Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox;" Sunday's symposium, "Technological Advances in the Diagnosis and Treatment of Colorectal Diseases;" Monday's symposium, "Energy Devices in Colon & Rectal Surgery;" Wednesday's ASCRS/SAGES Joint Symposium on NOTES; sponsor of the Abstracts on Disk, "Save the Date" flyer, Executive Council Dinner, Hotel Key Card, Pocket Program Guide, Exhibit Aisle Markers, Convention Center Banners, Janus Boards and the 2009 – 2010 Membership Directory; the Innovative Surgical Technologies Research Grant in support of the ASCRS Research Foundation; and an unrestricted grant in support of the Research Foundation's "Meet the Challenge" program.

Ethicon, Inc. – Co-supporter of Sunday's breakfast symposium, "Prosthetics in Colorectal Surgery."

Ferndale Laboratories, Inc. – Supporter of Tuesday's Residents' Reception.

Genentech BioOncology – Partial supporter of the Wednesday symposium, "Evaluation and Management of Metastatic Colon and Rectal Cancer."

Genzyme Biosurgery – Supporter of Saturday's Hand Assist Laparoscopic Intestinal Surgery Workshop; Monday's symposium on Enhanced Recovery Protocols; and an unrestricted grant in support of the Research Foundation's "Meet the Challenge" program.

Genzyme Corporation – Partial supporter of the Tuesday dinner symposium, "Understanding Syndromes of Inherited Colorectal Cancer."

Intuitive Surgical, Inc. – Co-supporter of Tuesday's symposium on Robotics.

Konsyl Pharmaceuticals, Inc. – Supporter of Monday's Residents' Breakfast.

Mederi Therapeutics, Inc. – Co-supporter of the Sunday symposium, "Technological Advances in the Diagnosis and Treatment of Colorectal Diseases."

Medtronic, Inc. – Supporter of Tuesday's symposium on Fecal Incontinence and co-supporter of Sunday's symposium, "Technological Advances in the Diagnosis and Treatment of Colorectal Diseases."

Merck & Co., Inc. – Co-supporter of Sunday's luncheon symposium on Perioperative Considerations.

Microline – Co-supporter of Saturday's Laparoscopic Colectomy Workshop.

Myriad Genetic Laboratories, Inc. – Supporter of the Tuesday dinner symposium, "Understanding Syndromes of Inherited Colorectal Cancer."

Olympus America Inc. – Co-supporter of Saturday's Laparoscopic Colectomy Workshop; the Sunday symposium, "Laparoscopic Colorectal Surgery: Nuts, Bolts & New Tools for Your Toolbox;" and Wednesday's ASCRS/SAGES Joint Symposium on NOTES.

Power Medical Interventions, Inc. – Co-supporter of Tuesday's symposium on Robotics.

Richard Wolf Medical Instruments Corporation – Supporter of Saturday's morning and afternoon Transanal Endoscopic Microsurgery Courses (TEM) sessions.

sanofi-aventis U.S. – Co-supporter of Sunday's luncheon symposium on Perioperative Considerations; and Monday's breakfast symposium, "Lymph Nodes: Prognostic, Therapeutic and Quality Implications."

Stryker Endoscopy – Co-supporter of Saturday's Hand Assist Laparoscopic Intestinal Surgery Workshop. *

Committee Chairs 2009-10

The American Society of Colon and Rectal Surgeons
Resolution/Management of Personal Conflicts of Interest

POLICIES AND PROCEDURES

A. PURPOSE

To be a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Society of Colon and Rectal Surgeons (ASCRS) must ensure that the content of CME activities is guided by what is in the best interest of the public, always deferring to validity, independence, transparency, and separation of education from promotion. Through the implementation of the mechanism below, the ASCRS will ensure due diligence such that CME is independent, free of commercial bias, supported by the best available evidence, and beyond the control of persons or organizations with an economic interest in influencing the content of CME.

B. ASSUMPTIONS

1. The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a) a financial relationship with a commercial interest, **and** b) the opportunity to affect the content of CME about the products or services of that commercial interest.
2. Planners, teachers, or authors in a CME activity may have financial relationships with commercial interests.
3. These relationships could lead to actual or perceived bias in CME content.
4. Those persons involved in CME, who have relevant financial relationships in any amount with commercial interests within the past 12 months, are considered to have conflicts of interest according to ACCME Standards for Commercial Support guidelines. These conflicts of interest must be disclosed and “managed or resolved” prior to the education activity in order to maintain the integrity of CME activity, ensuring fair and balanced education, and the granting of CME credits.

C. MECHANISMS, DUTIES AND RESPONSIBILITIES

1. The critical element in the CME process is the educational content of the program. This content must remain valid, credible, fair and unbiased, utilize the best available evidence, and be independent of commercial influence. Conflicts of interest will be managed by mechanisms safeguarding against bias when the content is relevant to the commercial interest and that are in the best interest of the public.

2. All planners (CME, Program and Self Assessment committees), teachers and authors will provide full disclosure of relationships with commercial interests over the 12 month period prior to the CME activity.
3. All individual CME activities will be screened by members of the ASCRS CME Committee and staff.
4. Those CME activities categorized as involving patient care and/or clinical/practice recommendations, such as therapeutic or diagnostic claims, that have possible implications for commercial supporters of the CME activities will be selected for content monitoring through peer review for fairness, objectivity, and balance by members of the CME peer review subcommittee.
5. The Chair of the CME Committee will appoint a peer review subcommittee.
6. Members of the peer review subcommittee will provide full disclosure of relationships with commercial interests over the 12 month period prior to their participation on the committee. Any conflicts identified will be resolved as related to the content of the CME activity being reviewed.
7. The peer reviewers will review the content of CME activities in order to manage or resolve conflict in accordance with current ACCME Standards for Commercial Support.
8. Granting of CME Category 1 credit will occur if the peer reviewer has determined that the contents of the activity are fair and balanced (there is no bias) and that the content is supported by the best available evidence.
9. If the peer reviewer determines that there is bias, imbalance, unfairness, or lack of best evidence, the teacher or author must revise the content, in a timely fashion, prior to the activity being conducted, to resolve the concerns. If the concerns are not satisfactorily resolved, then CME Category 1 credits will not be granted.
10. If CME Category 1 is granted based upon the peer review, the teacher or author agrees in writing not to alter the content after the required revisions are approved based on "9" above.

Timeline

1. In most cases, the primary peer review will be performed, barring extenuating circumstances, 6 weeks or more prior to the scheduled activity.
2. The approval of revised contents, when indicated, will be no later than 2 weeks prior to the delivery of the activity.
3. Special circumstances will be judged on a case by case basis.

Actions if the policy is violated

1. If the individual activity is not peer reviewed because the teacher or author does not provide materials for review, no CME Category 1 credit will be granted for this individual portion of the CME program. Furthermore, that teacher or author refusing to submit materials for peer review will be notified by letter that they are disqualified from CME activities due to non-compliance.

2. When the peer review process is successfully completed, but content is altered in a way that introduces actual or perceived bias after the agreement has been finalized:
 - CME credit will not be granted to attendees.
 - A disqualification letter will be sent to the teacher or author, due to non-compliance.
3. At the ASCRS Annual Meeting a monitoring mechanism through attendance and observation by a CME Committee member, peer review subcommittee member, or other qualified surrogate is to be encouraged. This monitoring individual will attend and provide a follow up report as to the validity of the CME activity content.
4. If possible, the monitoring individual will attend the CME Committee meetings and report on the validity of CME content observed at the CME activity.

D. POLICY REVIEW

The policy will be monitored on an ongoing basis by staff and reviewed annually by the CME Committee, who will provide a report to the ASCRS Executive Council.

Adopted by ASCRS Executive Council: April 30, 2005

The American Society of Colon and Rectal Surgeons
Resolution/Management of Personal Conflicts of Interest

POLICIES AND PROCEDURES

A. PURPOSE

To be a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Society of Colon and Rectal Surgeons (ASCRS) must ensure that the content of CME activities is guided by what is in the best interest of the public, always deferring to validity, independence, transparency, and separation of education from promotion. Through the implementation of the mechanism below, the ASCRS will ensure due diligence such that CME is independent, free of commercial bias, supported by the best available evidence, and beyond the control of persons or organizations with an economic interest in influencing the content of CME.

B. ASSUMPTIONS

1. The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a) a financial relationship with a commercial interest, and b) the opportunity to affect the content of CME about the products or services of that commercial interest.
2. Planners, teachers, or authors in a CME activity may have financial relationships with commercial interests.
3. These relationships could lead to actual or perceived bias in CME content.
4. Those persons involved in CME, who have relevant financial relationships in any amount with commercial interests within the past 12 months, are considered to have conflicts of interest according to ACCME Standards for Commercial Support guidelines. These conflicts of interest must be disclosed and "managed or resolved" prior to the education activity in order to maintain the integrity of CME activity, ensuring fair and balanced education, and the granting of CME credits.

C. MECHANISMS, DUTIES AND RESPONSIBILITIES

1. The critical element in the CME process is the educational content of the program. This content must remain valid, credible, fair and unbiased, utilize the best available evidence, and be independent of commercial influence. Conflicts of interest will be managed by mechanisms safeguarding against bias when the content is relevant to the commercial interest and that are in the best interest of the public.

2. All planners (CME, Program and Self Assessment committees), teachers and authors will provide full disclosure of relationships with commercial interests over the 12 month period prior to the CME activity.
3. All individual CME activities will be screened by members of the ASCRS CME , Program Committees and staff.
4. Those CME activities categorized as involving patient care and/or clinical/practice recommendations, such as therapeutic or diagnostic claims, that have possible implications for commercial supporters of the CME activities will be selected for content monitoring through peer review for fairness, objectivity, and balance by members of the CME peer review subcommittee.
5. The Chair of the CME Committee will appoint a peer review subcommittee.
6. Members of the peer review subcommittee will provide full disclosure of relationships with commercial interests over the 12 month period prior to their participation on the committee. Any conflicts identified will be resolved as related to the content of the CME activity being reviewed.
7. The peer reviewers will review the content of CME activities in order to manage or resolve conflict in accordance with current ACCME Standards for Commercial Support.
8. The CME Peer Review Committee will determine the best way to resolve Conflict of Interest which could be by e-mail, phone, review of slides, review of actual presentation/manuscript.
9. Granting of CME Category 1 credit will occur if the peer reviewer has determined that the contents of the activity are fair and balanced (there is no bias) and that the content is supported by the best available evidence.
10. If the peer reviewer determines that there is bias, imbalance, unfairness, or lack of best evidence, the teacher or author must revise the content, in a timely fashion, prior to the activity being conducted, to resolve the concerns. If concerns are not satisfactorily resolved, presenter will be disqualified from presenting.
11. The teacher/author must agree not to alter the content after the required revisions are approved.

Timeline

1. In most cases, the primary peer review will be performed, barring extenuating circumstances, 6 weeks or more prior to the scheduled activity.

2. The approval of revised contents, when indicated, will be no later than 2 weeks prior to the delivery of the activity.
3. Special circumstances will be judged on a case by case basis.

Actions if the policy is violated

1. The teacher/author refusing to submit materials for peer review will be disqualified from presenting.
2. When the peer review process is successfully completed, but content is altered in a way that introduces actual or perceived bias after the agreement has been finalized:
 - Teacher/author will be disqualified from presenting.
 - A disqualification letter will be sent to the teacher or author, due to non-compliance.
3. At the ASCRS Annual Meeting a monitoring mechanism through attendance and observation by a CME Committee member, peer review subcommittee member, or other qualified surrogate is encouraged. This monitoring individual will attend and provide a follow up report as to the validity of the CME activity content.

D. POLICY REVIEW

Monitoring will be done on an ongoing basis by the CME Committee and staff; reporting of non-compliance will be sent to the ASCRS Executive Council for action.

Adopted by ASCRS Executive Council: April 30, 2005

Minor Revisions by ASCRS Executive Council: October 10, 2009

ASCRS CONFLICT OF INTEREST POLICY

4-B

Executive Council Members, Committee Chairs, and Members

The American Society of Colon & Rectal Surgeons ("ASCRS") is dedicated to advancing and promoting the science and practice of the treatment of patients with diseases and disorders affecting the colon, rectum and anus. To accomplish that mission, ASCRS provides support, directly or indirectly, for a variety of activities in the areas of research and education. The integrity of ASCRS, and the activities it undertakes, depends on the avoidance of conflicts of interest, or even the appearance of such conflicts, by the individuals involved in those activities.

At the same time, ASCRS recognizes that the elected and appointed leaders of ASCRS, as well as other individuals acting on its behalf, also have significant professional, business and personal interests and relationships. Therefore, ASCRS has determined that the most appropriate manner in which to address actual, potential or apparent conflicts of interest is initially through liberal disclosure of any relationship or interest which might be construed as resulting in such a conflict. Disclosure under this Policy should not be construed as creating a presumption of impropriety or as automatically precluding someone from participating in an ASCRS activity or decision-making process. Rather, it reflects ASCRS's recognition of the many factors that can influence one's judgment and a desire to make as much information as possible available to other participants in ASCRS-related matters.

Disclosure

Any individual involved in an ASCRS activity or decision-making process shall disclose any conflicting or potentially conflicting personal, professional or business interest he or she may have, directly or indirectly, with the affected activity or decision. Potentially conflicting interests may relate to ASCRS's programs and services (e.g., educational courses, research grants, journal matters) or its operations (e.g., contracts with third parties).

In particular, participants in ASCRS-related activities are obligated to disclose the positions they hold or relationships they have within ASCRS and with other organizations or entities that may conflict, directly or indirectly, with their ASCRS activities. They also have an obligation to disclose any significant financial interest in, or other relationship with, an entity having a "commercial interest" in the activity. A commercial interest may exist not only where the entity's products or services are under consideration by ASCRS, but also where the entity's products or services are in competition or potential competition with those under consideration. By the disclosure of such interests, the Executive Council or its designee(s) will be in a better position to determine whether the participant may have an interest in conflict with the interests of ASCRS.

ASCRS primarily is concerned with potential conflicts of interest involving those individuals participating directly in ASCRS-related activities. Potential conflicts of interest also may arise, however, if an individual with whom the participant directly shares income (e.g., a spouse, minor child, or business partner) or a third party whose interest may affect the participant's decision-making (e.g., a sibling or adult child) has an interest in, or relationship with, an entity having a commercial interest in the activity or matter under consideration. As a result, participants should disclose not only their own interests or relationships but also those of their spouse or minor children. In addition, participants should disclose interests or relationships held by others that may affect their decision-making, but only to the extent they are aware of such information. Participants are under no obligation to determine the nature of every interest held by a sibling, business partner, etc. if they have no independent knowledge of such interests.

Comparable principles apply to participants' obligations to disclose research grants received by the institution(s) with which they are affiliated. In addition to grants received for their own research, participants are presumed to know what grants have been received by other members of their department engaged in research of diseases and disorders of the colon, rectum or anus. Therefore, those grants also should be disclosed. In contrast, participants have no affirmative obligation to ascertain the nature of grants received by others in their institution. If they are aware of such grants, however, those also should be disclosed.

In general, participants should err on the side of disclosure if in doubt as to whether it is required under the Policy. Examples of relationships or interests related to ASCRS or diseases and disorders of the colon, rectum, and anus, which should be disclosed include:

Positions in ASCRS - All positions currently held or sought in ASCRS (e.g., Executive Council or committee member, officer, editor, course or publication contributor), as well as any other current or proposed relationship with ASCRS (e.g., service provider, paid consultant) must be disclosed.

Relationships with Other Organizations/Entities - Any leadership role in, or other relationship with, another organization or entity (e.g., board member, committee member, advisor, journal contributor) directly or indirectly related to ASCRS or diseases and disorders of the colon, rectum, or anus must be disclosed.

Employment - Any current or proposed full- or part-time employment, as well as any employment within the previous three (3) years, must be disclosed.

Consultancies - Any current or proposed consulting arrangements, as well as any consulting performed or paid for within the previous three (3) years, must be disclosed.

Royalties - Any individual or entity that is currently paid or has paid (in the past three (3) years) or is about to pay, royalties or similar payment, must be disclosed.

Ownership Interests - Any ownership interests (including stock options but excluding indirect investments through mutual funds and the like) in a company, the stock of which is not publicly traded, must be disclosed. Ownership interests in excess of **[\$25,000.00]** in companies that are publicly traded also must be disclosed. In addition, any other ownership interests in an entity having a commercial interest in an activity or matter under consideration by ASCRS must be disclosed.

Honoraria - Honoraria or other reasonable payments for seminar presentations, speeches, or appearances must be disclosed in the event the amount paid within the previous three (3) years, or about to be paid, is equal to or greater than **[\$5,000.00]** per year or **[\$10,000.00]** over a three-year period.

Research Funding - Receipt of funds for conducting research must be disclosed.

Disclosure Form

Integral to the implementation of the Conflict of Interest Policy is the ASCRS Conflict of Interest Disclosure Form, a copy of which is attached, which shall be considered a part of the Conflict of Interest Policy and must be submitted by any individual participating in an ASCRS activity. Initially, a participant's obligation to report actual, potential or apparent conflicts is discharged by completing the Disclosure Form. Participants remain under a continuing obligation, however, to report such conflicts as they arise, including those that were not reported on the Disclosure Form, but which later become relevant to the ASCRS activity in which they are involved.

For example, an individual appointed to serve as editor of an ASCRS publication is not expected to anticipate all the conflict situations that may arise during the course of that appointment. If, however, the editor is asked to review an article submitted for publication that could affect, directly or indirectly, an entity in which the editor has a financial or other interest, the editor has an obligation to disclose the potential conflict to the Executive Council, or its designee(s), before becoming involved in a review of the article.

Disclosure Forms shall be kept on file at the ASCRS Executive Office for a period of two (2) years, or one (1) year after the conclusion of the relevant activity or decision-making process, whichever is longer, unless otherwise determined by the Executive Council.

Implementation Procedures

All participants in ASCRS-related activities must comply with the ASCRS Conflict of Interest Policy. It is the responsibility of the disinterested members of the Executive Council or designated committee chairs, editors, etc. to apply and abide by this Policy. And, inasmuch as the Policy is stated in general terms, they should use their best judgment in doing so.

In order to facilitate implementation of the Conflict of Interest Policy, the Executive Council or its designee(s) shall determine, based on the disclosure form and other relevant information, when an individual engaged in, or about to engage in, an ASCRS-related activity or other matter under consideration has an actual, potential, or apparent conflict of interest requiring some response by ASCRS. Specifically, subject to the procedures set forth herein, the Executive Council or its designee(s) may require any action they deem appropriate, including, but not limited to, the following:

- (1) Disclosure of the interest to the other participants in the decision- or policy-making body (e.g., committee, editorial board).
- (2) Written and, in some cases, oral disclosure of the interest (e.g., to an audience receiving the results of clinical research or at scientific or educational sessions).
- (3) Recusal from voting on a matter and limitation of the individual's participation only to the provision of factual information of benefit to the group discussion.
- (4) Complete recusal from a portion of a meeting or from other consideration of the subject matter.
- (5) Replacement of the individual in the affected position or activity.

In most instances, disclosure of the conflicting or potentially conflicting interest will itself suffice to protect ASCRS's interests. In other words, once such a conflict is fully disclosed to the relevant parties, the Executive Council generally will be able to evaluate the possible influence of the disclosed interest. However, in other situations, disclosure alone is not deemed to be sufficient. In situations where disclosure does not adequately deal with actual or potential problems, additional action, including denial of participation in the affected activity or consideration of the matter, may be necessary. In all such situations, the Executive Council or its designee(s) will weigh all of the facts and circumstances and determine what is in the best interests of ASCRS.

The Executive Council has charged the President-Elect and Executive Director with having primary responsibility for interpreting and applying this Conflict of Interest Policy. As such, they will regularly review all conflict of interest disclosure forms and will be available to provide advice to ASCRS committees, task forces, members, or staff on managing conflicts of interest including, without limitation, policies, practices, and procedures on disclosure, recusal, and/or denial of participation.

AMERICAN SOCIETY OF COLON & RECTAL SURGEONS
Conflict of Interest Disclosure Form

NAME: _____

Please answer the following questions or provide substantially the same information in some other form (e.g. by attaching a vita). If you have no information to list in response to a specific question, answer "None."

1. Positions in ASCRS

Please list all current or proposed relationships with ASCRS, including, but not limited to, positions currently held or sought in ASCRS.

2. Relationship with Other Organizations/Entities¹

Please list any leadership role in, or other relationship with, any other corporation, association, society or foundation (e.g., board member, committee member, advisor, journal contributor).

3. Employment

Please list any individual or entity for whom you² are employed, about to be employed, or have been employed within the past three (3) years.

¹ Only report those relationships or interests that reasonably involve the interests of ASCRS or diseases and disorders of the colon, rectum, or anus.

² "You" includes you and anyone with whom you directly share income (e.g., a spouse, minor child, or business partner) as well as a third party whose interest may affect your decision-making (e.g., a sibling or adult child).

4. Consultancies¹

Please list any individual or entity for whom you² are now providing, or are about to provide, consulting services, as well as any individual or entity for whom you provided such services, or by whom you were paid, during the past three (3) years.

5. Royalties

Please list any individual or entity from whom you² receive, or have received (in the past three (3) years) or are about to receive, royalties or similar payment.

6. Ownership Interests¹

Please list any ownership interests you² hold in a commercial entity that reasonably may be anticipated to conflict with the interests of ASCRS.

7. Honoraria

Please list any honoraria you² have received within the past three (3) years, or expect to receive, of more than \$5,000.00 per year or \$10,000.00 over a three-year period.

¹ Only report those relationships or interests that reasonably involve the interests of ASCRS or diseases and disorders of the colon, rectum, or anus.

² "You" includes you and anyone with whom you directly share income (e.g., a spouse, minor child, or business partner) as well as a third party whose interest may affect your decision-making (e.g., a sibling or adult child).

8. Research Funding

- (a) Please list any research funding that you² are about to receive or have received within the past three (3) years.

- (b) Please list any research funding that anyone else in the same department at your institution(s) is about to receive or has received within the past three (3) years.

- (c) Please list any other research funding that you know has been received, or is about to be received, by others at your institution(s), which reasonably may be anticipated to conflict with the interests of ASCRS.

9. Other Actual, Potential or Apparent Conflicts

Please list any other personal or professional position(s) or interest(s) you currently or are about to hold, or activities in which you are or are about to be engaged, which reasonably may be anticipated to conflict with the interests of ASCRS.

I represent that I have read, understand and agree to the terms of the ASCRS Conflict of Interest Policy. I further represent that, to the best of my knowledge and belief, the information reported above is complete and accurate.

Signature: _____

Date: _____

PLEASE RETURN PRIOR TO [date]

Please forward a copy of this Disclosure Form to the ASCRS Executive Office. Keep a copy for your records.

ASCRS Executive Council Disclosures

2005-2006

The attached are disclosures from members of the ASCRS Executive Council. If a Council member submitted an abstract, the disclosure is in electronic format and did not require a signature.

ASCRS Disclosure of Relevant Financial Relationships

Name: J Fleshman (Senior Author)

Abstract Number / Title: S28 / Adoption of Laparoscopic Colectomy: Results and Implications of ASCRS Hands-On Course Participation

Date of Activity: June 3 – 7, 2006 ASCRS Annual Meeting

As a sponsor accredited by the Accreditation Council for Continuing Medication Education (ACCME), the American Society of Colon and Rectal Surgeons must ensure that programming decisions are made “independent, free of commercial bias and beyond the control of persons or organizations with an economic interest in influencing the content of CME”.

The intent of this disclosure is not to exclude an individual with a relationship from being part of the CME activity, but rather to be part of the documentation process required to ensure that program decisions were made in accordance with ACCME guidelines. In 2004, the ACCME established guidelines for use to resolve/manage conflict of interest issues. This process must be implemented for the ASCRS 2006 Annual Meeting. If your paper is accepted for the ASCRS Annual Meeting, the ASCRS CME Peer Review Committee will examine material that has been identified by the CME Committee as having a potential conflict of interest. If a potential conflict of interest / bias is identified related to content, the material will be forwarded to the Peer Review Panel for a determination of whether or not the content of the CME presentation/manuscript is fair, balanced, unbiased and based on the best medical evidence. If the conflict of interest / bias is identified, the material will be returned to the presenting individual or organization for correction of the problem. The material will be approved for use when conflict of interest/bias has been resolved/managed.

- 1. In the section marked “Commerical Interest” below, please list the names of any organizations producing health care goods or services (with the exception of non-profit or government organizations and non-health care related companies) with which you and your spouse/partner – individually and together -- have, or have had a relevant financial relationship within the past 12 months.**
- 2. In the section marked “Nature of Relevant Financial Relationship – What was received”, describe what you and your spouse/partner received – individually and together -- (ex. salary, honorarium, etc). The American Society of Colon and Rectal Surgeons does NOT want to know how much you received.**
- 3. In the section marked “Nature of Relevant Financial Relationship – For what role”, describe your role (ex. speaker, consultant, instructor etc.)**

Please refer to Example of Terminology and Glossary of Terms below before entering information.

Example Terminology

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and ‘other activities’ (please specify).

Glossary of Terms

Commercial Interest

The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or

other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant financial relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
<input checked="" type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Off-Label Disclosure Statement

Off-Label Disclosure Statement --

ASCRS recognizes that faculty may discuss the application of some devices, materials or pharmaceuticals that are not FDA approved. In keeping with the highest standards of professional integrity and ethics, it is required that abstract submitters fully disclose to their audience that there will be discussion of the unlabeled use of a commercial product, device or pharmaceutical that has not been approved for such purposes by the FDA. The program book will indicate which presentations will include the discussion of off-label uses and you are required to inform the audience prior to your presentation.

Please mark one of the following:

I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will be discussing or demonstrating during my presentation and DO NOT intend to discuss or demonstrate a pharmaceutical or medical device for which FDA clearance has not been approved.

I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will be discussing or demonstrating during my presentation and DO INTEND to discuss or demonstrate utilization of a pharmaceutical or medical device for which FDA has not granted approval. Accordingly, I agree to disclose to the audience whether the pharmaceutical or medical device is classified by the FDA as "investigational" or "off-label" with respect to the intended use.

Please identify the pharmaceutical or medical device and the use you will describe:

If DO intend, please indicate the product or service:

Product/Pharmaceutical	Medical Device	Service	Off-Label Use	Company
1. _____				
2. _____				

ASCRS Disclosure of Relevant Financial Relationships

Please fax this form to ASCRS at 847-290-9203

Name: WALTER A. KOCTUN (Please Print)

Signature: *Walter A. Koctun*

Workshop: **So You Want to be an Editor**

Date of Activity: **June 3 – 7, 2006 ASCRS Annual Meeting**

As a sponsor accredited by the Accreditation Council for Continuing Medication Education (ACCME), the American Society of Colon and Rectal Surgeons must ensure that programming decisions are made "independent, free of commercial bias and beyond the control of persons or organizations with an economic interest in influencing the content of CME".

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1. In the section marked "Commerical Interest" below, please list the names of any organizations producing health care goods or services (with the exception of non-profit or government organizations and non-health care related companies) with which you and your spouse/partner – individually and together – have, or have had a relevant financial relationship within the past 12 months.
2. In the section marked "Nature of Relevant Financial Relationship – What was received", describe what you and your spouse/partner received – individually and together – (ex. salary, honorarium, etc). The American Society of Colon and Rectal Surgeons does NOT want to know how much you received.
3. In the section marked "Nature of Relevant Financial Relationship -- For what role", describe your role (ex. speaker, consultant, instructor etc.)

Please refer to Example of Terminology and Glossary of Terms below before entering information.

Example Terminology

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities' (please specify).

Glossary of Terms

Commercial Interest

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So You Want to be an Editor Page 2.

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant Financial Relationships

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Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
ELSEVIER PUBLISHING	\$6,000/year	EDITOR OF JOURNAL "OP. TECH. IN GEN. SURG"
I do not have any relevant financial relationships with any commercial interests.		

Off-Label Disclosure Statement

Off-Label Disclosure Statement --

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Please identify the pharmaceutical or medical device and the use you will describe:

If DO intend, please indicate the product or service:

Product/Pharmaceutical Medical Device Service	Off-Label Use	Company
1.		
2.		

ASCRS Disclosure of Relevant Financial Relationships

Please fax this form to ASCRS at 847-290-9203

M

Name: Ann C. Lowry (Please Print)

Signature: Ann C Lowry

Workshop: Presidential talk

Date of Activity: June 3 - 7, 2006 ASCRS Annual Meeting

As a sponsor accredited by the Accreditation Council for Continuing Medication Education (ACCME), the American Society of Colon and Rectal Surgeons must ensure that programming decisions are made "independent, free of commercial bias and beyond the control of persons or organizations with an economic interest in influencing the content of CME".

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- 2. In the section marked "Nature of Relevant Financial Relationship - What was received", describe what you and your spouse/partner received - individually and together - (ex. salary, honorarium, etc). The American Society of Colon and Rectal Surgeons does NOT want to know how much you received.
- 3. In the section marked "Nature of Relevant Financial Relationship - For what role", describe your role (ex. speaker, consultant, instructor etc.)

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Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities' (please specify).

Glossary of Terms

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Presidential Talk Page 2.

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	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
I do not have any relevant financial relationships with any commercial interests.		

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Please identify the pharmaceutical or medical device and the use you will describe:

If DO intend, please indicate the product or service:

Product/Pharmaceutical Medical Device Service Off-Label Use Company

2. _____

ASCRS Disclosure of Relevant Financial Relationships
Please fax this form to ASCRS at 847-290-9203

Name: **David E. Beck, MD**

(Please Print)

Signature: *David E. Beck*

Workshop: *Ultrasound Course – Saturday, June 3, 2006* Course Director: *Anders Mellgren, MD*

Date of Activity: June 3 – 7, 2006 ASCRS Annual Meeting

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1. In the section marked “Commerical Interest” below, please list the names of any organizations producing health care goods or services (with the exception of non-profit or government organizations and non-health care related companies) with which you and your spouse/partner – individually and together – have, or have had a relevant financial relationship within the past 12 months.
2. In the section marked “Nature of Relevant Financial Relationship – What was received”, describe what you and your spouse/partner received – individually and together – (ex. salary, honorarium, etc). The American Society of Colon and Rectal Surgeons does NOT want to know how much you received.
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Glossary of Terms

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Relevant financial relationships

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Conflict of Interest

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Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company X</i>	<i>Honorarium</i>	<i>Speaker</i>
<input checked="" type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Off-Label Disclosure Statement

Off-Label Disclosure Statement –

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Please identify the pharmaceutical or medical device and the use you will describe:

If DO intend, please indicate the product or service:

Product/Pharmaceutical	Medical Device	Service	Off-Label Use	Company
1.				
2.				

ASCRS Disclosure of Relevant Financial Relationships
Please fax this form to ASCRS at 847-290-9203

Name: JOHN L. ROMBEAU (Please Print)

Signature: John L. Rombeau, MD

5 Workshop: Obstacles to Post-Operative Recovery

Date of Activity: June 3 - 7, 2006 ASCRS Annual Meeting

As a sponsor accredited by the Accreditation Council for Continuing Medication Education (ACCME), the American Society of Colon and Rectal Surgeons must ensure that programming decisions are made "independent, free of commercial bias and beyond the control of persons or organizations with an economic interest in influencing the content of CME".

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- In the section marked "Nature of Relevant Financial Relationship - For what role", describe your role (ex. speaker, consultant, instructor etc.)

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Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).

Glossary of Terms

Commercial Interest

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ROMBEAU

Obstacles to Post-Operative Recovery

Financial Relationships

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Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
Example: Company "X"	Honorarium	Speaker
NONE		
<input checked="" type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

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If DO intend, please indicate the product or service:

- | | | | | |
|------------------------|----------------|---------|---------------|---------|
| Product/Pharmaceutical | Medical Device | Service | Off-Label Use | Company |
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |

Hambrick Lecture

ASCRS Disclosure of Relevant Financial Relationships
Please e-mail (ascrs@fascrs.org) or fax this form to ASCRS at 847-290-9203

Name: Lester Rosen, M.D., FACS, FASCRS (Presenting Author)
Prof. of Clinical Surgery, College of Medicine, Penn State University/Hershey Med. Ctr.
Presentation Title: Past, Present, and Future of Colon and Rectal Cancer Screening

Date of Activity: June 3 – 7, 2006 ASCRS Annual Meeting

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	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
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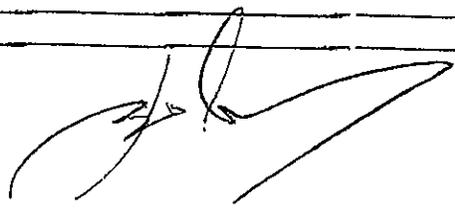
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Please identify the pharmaceutical or medical device and the use you will describe:

If **DO** intend, please indicate the product or service:

Product/Pharmaceutical Medical Device Service Off-Label Use Company

1. _____
2. _____



ASCRS Disclosure of Relevant Financial Relationships
Please fax this form to ASCRS at 847-290-9203

Name: DAVID A. ROTHENBERGER (Please Print)

Signature: David A. Rothenberger

Workshop: **Research Foundation Workshop - Saturday, June 3, 2006**

Date of Activity: **June 3 - 7, 2006 ASCRS Annual Meeting**

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Glossary of Terms

Commercial Interest

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**Research Foundation Workshop
Financial Relationships**

Page 2.

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Commercial Interest <i>Example: Company 'X'</i>	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received <i>Honorarium</i>	For what role? <i>Speaker</i>
<input checked="" type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

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1.				
2.				

ASCRS Disclosure of Relevant Financial Relationships
Please fax this form to ASCRS at 847-290-9203

Name:

(Please Print)

Signature: _____

Breakfast Symposium: Laparoscopic Techniques

Date of Activity: June 3 - 7, 2006 ASCRS Annual Meeting

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Commercial Interest

Glossary of Terms

Senagore

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Breakfast Symposium: Laparoscopic Techniques

Financial Relationships

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Commercial Interest <i>Example: Company 'X'</i>	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Adelle Gyordian</i>	<i>Honorarium</i>	<i>Speaker</i>
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ASCRS Disclosure of Relevant Financial Relationships

Please fax this form to ASCRS at 847-290-9203

Name: Clifford Spinnang (Please Print)

Signature: _____

Symposium: Laparoscopic Techniques

Date of Activity: June 3 - 7, 2006 ASCRS Annual Meeting

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Symposium: Laparoscopic Techniques

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Commercial Interest <i>Example: Company 'X'</i>	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received <i>Honorarium</i>	For what role? <i>Speaker</i>
<i>Ethicon Endosurgery Myriad Genetics</i>	<i>Honorarium Honorarium.</i>	<i>Speaker Clinical Consultant</i>
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Product/Pharmaceutical Medical Device Service Off-Label Use Company

2. _____

Sample of Second Slide

Please complete the information on the following slide(s). You must use one of the following two slides as your second slide

Disclosure

Authors of the following paper:

Title of your paper (and podium #)

have the following affiliations:

- 1. ^{company} Ethicon Endosurgery
- 2. Myriad Genetics
- 3.

^{affiliation}
 Speaker
 Clinical Consultant

Disclosure

Authors of the following paper:

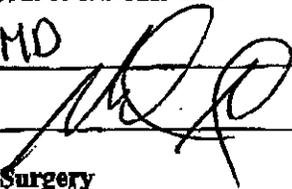
Title of your paper (and podium #)

Do not have any affiliations

ASCRS Disclosure of Relevant Financial Relationship:

Please fax this form to ASCRS at 847-290-9203

Name: Michael J. Stamos, MD (Please Print)

Signature: 

Workshop: Symposium: Frontiers in Colorectal Surgery

Date of Activity: June 3 - 7, 2006 ASCRS Annual Meeting

As a sponsor accredited by the Accreditation Council for Continuing Medication Education (ACCME), the American Society of Colon and Rectal Surgeons must ensure that programming decisions are made "independent, free of commercial bias and beyond the control of persons or organizations with an economic interest in influencing the content of CME".

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1. In the section marked "Commerical Interest" below, please list the names of any organizations producing health care goods or services (with the exception of non-profit or government organizations and non-health care related companies) with which you and your spouse/partner - individually and together - have, or have had a relevant financial relationship within the past 12 months.
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3. In the section marked "Nature of Relevant Financial Relationship - For what role", describe your role (ex. speaker, consultant, instructor etc.)

Please refer to Example of Terminology and Glossary of Terms below before entering information.

Example Terminology

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contract (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities' (please specify).

Glossary of Terms

Commercial Interest

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Symposium: Frontiers in Colorectal Surgery -- page 2

Financial Relationships

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Conflict of Interest

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Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company X</i>	<i>Honorarium</i>	<i>Speaker</i>
<i>ETHCON, INC</i>	<i>FELLOW SALARY SUPPORT (GRANT)</i>	
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Off-Label Disclosure Statement

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Please identify the pharmaceutical or medical device and the use you will describe:

DO intend, please indicate the product or service:

Product/Pharmaceutical Medical Device Service	Off-Label Use	Company

ASCRS Disclosure of Relevant Financial Relationships *N. Raju*

Name: J Trudel (Senior Author)

Abstract Number / Title: S47 / Risk factors for anastomotic leak following right-sided colonic anastomoses.

Date of Activity: June 3 – 7, 2006 ASCRS Annual Meeting

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1. _____	_____	_____
2. _____	_____	_____

ASCRS Disclosure of Relevant Financial Relationships

Please fax this form to ASCRS at 847-290-9203

name: Bruce A. Wolff (Please Print)

Signature: Bruce A. Wolff

MEET THE PROFESSOR BREAKFAST – TUESDAY SESSION

Date of Activity: June 3 – 7, 2006 ASCRS Annual Meeting

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	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
<i>Genzyme Medical Advisory Board</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Adolor Corp. " " " "</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <i>consultant</i>
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Off-Label Disclosure Statement

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If DO intend, please indicate the product or service:

Product/Pharmaceutical	Medical Device	Service	Off-Label Use	Company
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

ASCRS Executive Council Disclosures

2006-2007

The attached are disclosures from members of the ASCRS Executive Council. If a Council member submitted an abstract, the disclosure is in electronic format and did not require a signature.

What is Received? For what Role?

Commercial Interest
(Name of Organization)

Stocks Speaker Research Grant Honorarium Consulti
Advisory E

Genzyme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethicon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boston Scientific	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add New

I have no financial interest to disclose.

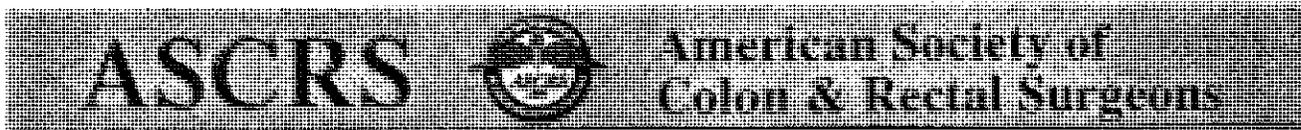
Please check all that apply:

- I'm a presenter at an ASCRS CME event.
- I'm a member of a planning committee for an educational activity.
- I'm a member of the Executive Council of ASCRS.

electronically signed David E Beck, MD
Signature

03/26/
Date

Save Cancel/Close



Disclosure of Relevant Financial Relationships

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ASCRS has implemented a process where everyone who is in a position to control the content of the activity is disclosed to us all relevant financial relationships with any commercial interest (see below for more information). We have determined that a conflict of interest exists as a result of a financial relationship you may have with the activity. In order to do this, please provide us with the following information. This information is necessary to be able to move to the next steps in planning our CME activities. If you refuse to disclose relevant financial relationships, you are disqualified from being a part of the planning and/or implementation of our CME activities.

Nature of Relevant Financial Relationship and for What Role?

Example of Terminology:

Commercial Interest: Any proprietary entity producing healthcare goods or services with the exception of government organizations and non-health care related companies. In this section, please list the names of the healthcare goods or services with which you and your spouse/partner – individually and together – have a financial relationship within the past 12 months.

What is Received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, or other ownership interest, excluding diversified mutual funds), or other financial benefit. In this section, please list the amount of money your spouse/partner received – individually and together. ASCRS does NOT want to know how

For what Role? Employment, management position, independent contractor (including contract speaking and teaching, membership on advisory committees or review panels, board membership, and other act

Definitions of "Financial Relationships", "Relevant Financial Relationships", "Conflict of Interest"

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Conflict of Interest

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ASCRS Disclosure of Relevant Financial Relationships

Name: William Donald Buie, MD

Date of Activity: June 2 – 6, 2007 ASCRS Annual Meeting

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American Society of Colon and Rectal Surgeons

Disclosure of Relevant Financial Relationships

Name James W. Fleshman

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Surg Rx / Applied Medical MITI / Lifecell Ethinon - Endosurgery	Honorarium Research Funds Research Funds	Speaker Principal Investigator Director of Institute
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Name James W. Fleshman

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Please identify the pharmaceutical or medical device and the use you will describe:

If DO intend, please indicate the product or service:

Product/Pharmaceutical Medical Device Service Off-Label Use / Company

1. _____
2. _____

ASCRS Disclosure of Relevant Financial Relationships

Name: T Hull (Senior Author)

Abstract Number / Title: S34 / Anorectal Physiology: Don't Misuse it

Date of Activity: June 2 – 6, 2007 ASCRS Annual Meeting

As a sponsor accredited by the Accreditation Council for Continuing Medication Education (ACCME), the American Society of Colon and Rectal Surgeons must ensure that programming decisions are made “independent, free of commercial bias and beyond the control of persons or organizations with an economic interest in influencing the content of CME”.

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1. In the section marked “Commerical Interest” below, please list the names of any organizations producing health care goods or services (*with the exception of non-profit or government organizations and non-health care related companies*) with which you and your spouse/partner – individually and together -- have, or have had a relevant financial relationship within the past 12 months.
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3. In the section marked “Nature of Relevant Financial Relationship – For what role”, describe your role (ex. speaker, consultant, instructor etc.)

Please refer to Example of Terminology and Glossary of Terms below before entering information.

Example Terminology

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and ‘other activities’ (please specify).

Glossary of Terms

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Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
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If DO intend, please indicate the product or service:

Product/Pharmaceutical	Medical Device	Service	Off-Label Use	Company
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

ASCRS Disclosure of Relevant Financial Relationships

Name: Walter Alex Koltun, MD

Date of Activity: June 2 – 6, 2007 ASCRS Annual Meeting

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ASCRS Disclosure of Relevant Financial Relationships

Name: Ann C Lowry, MD

Date of Activity: June 2 – 6, 2007 ASCRS Annual Meeting

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Product/Pharmaceutical	Medical Device	Service	Off-Label Use	Company
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ASCRS Disclosure of Relevant Financial Relationships

Name: John P Roe, MD

Date of Activity: June 2 – 6, 2007 ASCRS Annual Meeting

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Product/Pharmaceutical Medical Device Service Off-Label Use Company

ASCRS Disclosure of Relevant Financial Relationships

Name: Lester Rosen, MD

Date of Activity: June 2 – 6, 2007 ASCRS Annual Meeting

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Product/Pharmaceutical	Medical Device	Service	Off-Label Use	Company
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Commercial Interest (Name of Organization)	What is Received? For what Role?					Consult Advisory E
	Stocks <i>for TEM</i>	Speaker	Research Grant	Honorarium		
Richard Wolf -- <i>Course instructor</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ethicon Endosurgery -- <i>Course instructor</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Adolor/GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="button" value="Add New"/>						

OK

I have no financial interest to disclose.

Please check all that apply:

- I'm a presenter at an ASCRS CME event.
- I'm a member of a planning committee for an educational activity.
- I'm a member of the Executive Council of ASCRS.

electronically signed Theodore John Saclarides, MD
Signature

04/05/
Date

Theodore Saclarides, MD ✓

ASCRS



American Society of Colon & Rectal Surgeons

If you are presenting at a CME activity, please complete the following:

Speakers Must Disclose to Audience:

For live presentations, all speakers MUST disclose all relevant financial relationships to the audience orally at the beginning of his/her presentation, as well as have the disclosure on his/her second slide. All disclosures also will be included in all published material related to the CME activity. All educational content must be void of any advertising, trade names, or product information. If a speaker has affiliations, he/she MUST inform the audience of this, as well as state it on his/her second slide.

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	Product/Pharmaceutical Medical Device	Off-Label Use	Comparison
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>

electronically signed Theodore John Saclarides, MD

04/05/2007

ASCRS Disclosure of Relevant Financial Relationships

Name: Anthony J Senagore, MD,MS

Date of Activity: June 2 – 6, 2007 ASCRS Annual Meeting

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1. In the section marked “Commerical Interest” below, please list the names of any organizations producing health care goods or services (*with the exception of non-profit or government organizations and non-health care related companies*) with which you and your spouse/partner – individually and together – have, or have had a relevant financial relationship within the past 12 months.
2. In the section marked “Nature of Relevaut Financial Relationship – What was received”, describe what you and your spouse/partner received – individually and together – (ex. salary, honorarium, etc). The American Society of Colon and Rectal Surgeons does NOT want to know how much you received.
3. In the section marked “Nature of Relevant Financial Relationship – For what role”, describe your role (ex. speaker, consultant, instructor etc.)

Please refer to Example of Terminology and Glossary of Terms below before entering information.

Example Terminology

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and ‘other activities’ (please specify).

Glossary of Terms

Commercial Interest

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Financial Relationships

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Relevant financial relationships

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Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
1. Ethicon Endosurgery	Honorarium	Consultant, Speaker
2. Adolor Corporation	Honorarium	Consultant, Speaker
3. Deltex Medical	Research Support	Investigator
4. Gore	Research Support	Consultant
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Off-Label Disclosure Statement

Off-Label Disclosure Statement --

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Please mark one of the following:

I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will be discussing or demonstrating during my presentation and DO NOT intend to discuss or demonstrate a pharmaceutical or medical device for which FDA clearance has not been approved.

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Please identify the pharmaceutical or medical device and the use you will describe:

If DO intend, please indicate the product or service:

Product/Pharmaceutical Medical Device Service	Off-Label Use	Company
1.		
2.		

American Society of Colon and Rectal Surgeons

Disclosure of Relevant Financial Relationships

Name Clifford Simman

As a sponsor accredited by the Accreditation Council for Continuing Medication Education (ACCME), the American Society of Colon and Rectal Surgeons must ensure that programming decisions are made "independent, free of commercial bias and beyond the control of persons or organizations with an economic interest in influencing the content of CME".

ASCRS has implemented a process where everyone who is in a position to control the content of an educational activity has disclosed to us all relevant financial relationships with any commercial interest (see below for definitions) In addition, should it be determined that a conflict of interest exists as a result of a financial relationship you may have, this will need to be resolved prior to the activity. In order to do this, please provide us with the following information. This information is necessary in order for us to be able to move to the next steps in planning our CME activities. If you refuse to disclose relevant financial relationships, you will be disqualified from being a part of the planning and implementation of our CME activities.

1. In the section marked "Commercial Interest" below, please list the names of any organizations producing health care goods or services (with the exception of non-profit or government organizations and non-health care related companies) with which you and your spouse/partner - individually and together -- have, or have had a relevant financial relationship within the past 12 months.
2. In the section marked "Nature of Relevant Financial Relationship -- What was received", describe what you and your spouse/partner received - individually and together -- (ex. salary, honorarium, etc). The American Society of Colon and Rectal Surgeons does NOT want to know how much you received.
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Please refer to Example of Terminology and Glossary of Terms below.

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
<i>Ethicon Endosurgery, Inc.</i>	<i>Honorarium</i>	<i>Speaker</i>
<i>Myriad Genetics</i>	<i>Honorarium</i>	<i>Consultant</i>
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Example Terminology

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Name Clifford Simmang

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Conflict of Interest

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If you are presenting at a CME activity, please complete the following:

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If DO intend, please indicate the product or service:

Product/Pharmaceutical Medical Device Service Off-Label Use / Company

1. _____

2. _____

ASCRS Disclosure of Relevant Financial Relationships

Name: W Douglas Wong, MD

Date of Activity: June 2 – 6, 2007 ASCRS Annual Meeting

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Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
1. B+K medical	Consulting Fee	Consultant
2. American Medical Systems	Consulting Fee	Consultant
3. Power Medical Systems	Stocks	
4.		

I do not have any relevant financial relationships with any commercial interests.

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1.		
2.		

ASCRS Executive Council Disclosures

2007-2008

The attached are disclosures from members of the ASCRS Executive Council. If a Council member submitted an abstract, the disclosure is in electronic format and did not require a signature.

J. Fleshman

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
<i>See attached</i>		
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Name James Fleshman

Date 4-2-08

By completing and submitting this disclosure statement electronically via the Internet, I agree to its terms and conditions and my signature thereto may be implied.

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Example Terminology

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J. Fleshman

James W. Fleshman			April 2, 2008
Disclosures			
Name of Commercial Interest	Clinical/Research Area	Type of Relationship	
NITI	Clinical -Anastomosis	Independent Contractor	
Surg RX	Clinical -Sealing	Consultant Speaker's bureau and teaching engagements Advisory Committee/Board	
Ethicon	Research	Independent Contractor	
Ventrus Bioscience	Clinical -Anorectal	Advisory Committee/Board	
Innocoll	Clinical - Wound Infection	Advisory Committee/Board	

J Fleshman



The American Society of Colon and Rectal Surgeons

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Product/Pharmaceutical Medical Device Service	Off-Label Use	Company
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1.

2.

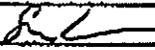
Name James Fleshman

Date 4-2-08

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S. Galandiuk

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
Convatec	Honarium	advisory board
GSK	"	"
Adolor	"	"
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Name 

Date

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Product/Pharmaceutical Medical Device Service

Off-Label Use

Company

1

2

SUSAN GALANDIUK, MD, UNIVERSITY OF LOUISVILLE

Name

[Signature]

Date

4/4/08

By completing and submitting this disclosure statement electronically via the Internet, I agree to its terms and conditions and my signature thereto may be implied.

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
Q med	airfare and hotel room	investigator's meeting
Cooke Medical	airfare	investigator's meeting
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Name

Date

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Product/Pharmaceutical Medical Device Service

Off-Label Use

Company

1. I will be the leader at a Meet the Professor breakfast where when questioned, off label or investigational treatments for pelvic floor problems may come up. I will make it clear if it is investigational or off label if I answer a question that provides something with that criteria.

Name

Tracy Hull

Date

3-28-08

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Submit Email

Print Form



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Company

1.

2.

Name

Date

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W. Koltun



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2.		

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Date

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L. Rosen



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T. Saclandes

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
<i>Richard Wolf</i>	<i>Honorarium</i>	<i>Speaker, instructor</i>
<i>Emicon Endosurgery</i>	<i>Honorarium</i>	<i>Speaker, instructor</i>
<i>Adolor / GSK</i>	<i>Honorarium</i>	<i>Speaker</i>
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Name

Date

By completing and submitting this disclosure statement electronically via the Internet, I agree to its terms and conditions and my signature thereto may be implied.

Example Terminology

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities' (please specify).

Glossary of Terms

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T. Saclarides



The American Society of Colon and Rectal Surgeons

85 West Algonquin Rd., Suite 550, Arlington Heights, IL 60005
(847) 290-9184 Fax: (847) 290-9203 Website: <http://www.fascrs.org/> E-Mail: ascrs@fascrs.org

Do not apply to me

Off-Label Disclosure Statement –

Please mark one of the following:

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If DO intend, please indicate the product or service:

Product/Pharmaceutical Medical Device Service	Off-Label Use	Company
1.		
2.		

Name

Theodore J. Saclarides

Date

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A. Senagore



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If DO intend, please indicate the product or service:
Product/Pharmaceutical Medical Device Service

Off-Label Use

Company

1.

2.

Name

A. Senagore MD

Date

4/25/08

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Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
Ethicon Endosurgery	Honorarium	Speaker
SurgRX	Honorarium	Speaker
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Name

Date

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	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
POWER MEDICAL INTERVENTIONS	STOCKS	
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

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Date

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W. Wong



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Product/Pharmaceutical Medical Device Service

Off-Label Use

Company

1.

2.

Name

W. DOUGLAS WONG, MD

Date

APRIL 10, 2008

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ASCRS Executive Council Disclosures

2008-2009

The attached are disclosures from members of the ASCRS Executive Council. If a Council member submitted an abstract, the disclosure is in electronic format and did not require a signature. A sample of the full Disclosure Form and Attestation Form signed by Council members is at the end of this group.

P46 Symp
S37

ASCRS Attestation - 2009 ASCRS Annual Meeting

If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

I have carefully read and agree to the terms as stated:

[Signature]
Signature

2/19/09
date

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Company	Received	Role
Ethicon	Research Grant	Researcher
Lifecell	Research Grant	Researcher
Applied Medical	Honoraria, Research Grant	Lecturer, Researcher
Sapphire Therapeutics	Honoraria, Research Grant	Consultant, Researcher
Innocoll	Research Grant, Honoraria	Researcher, Consultant
SurgRX	- stock in company	



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Company

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I have carefully read and agree to the terms as stated.

Neil Hyman MD

Signature

3/2/09

date

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Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
<i>American Medical Systems</i>		<i>X</i>
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Name: Janice F. Rafferty *JF*
 Date: 3/5/09

Per Elizabeth in Dr. Rafferty's office, she acts as a consultant & receives no remuneration. 3/5/09.

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Example Terminology

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Financial Relationships

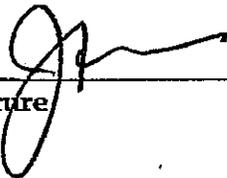
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ASCRS Attestation - 2009 ASCRS Annual Meeting

Page 2.

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I have carefully read and agree to the terms as stated.



Signature

3/3/09

date

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Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
<i>Richard Wolf Surgical Medical</i>	<i>Honorarium</i>	<i>Speaker, Instructor</i>
<i>Ethicon Endosurgery</i>	<i>Honorarium</i>	<i>Speaker, Instructor</i>
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Name

Date

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Product/Pharmaceutical Medical Device Service

Off-Label Use

Company

1.

2.

Name

Michael John Sadarid

Date

3/4/09

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I have carefully read and agree to the terms as stated.

Signature

T. Giuliano

date

3/7/09

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Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
Genzyme Biosurgical	Honorarium	Advisory Board
Genzyme Biosurgical	Honorarium	Speaker
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Name

Date

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Company

1.

2.

Name

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I have carefully read and agree to the terms as stated.

Mark Lane Welton

3/12/2009

Signature

date

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Steven Wexner, MD

Disclosure: S. Wexner: Medtronic – No Remuneration, Institutional support for IRB Study being presented (Investigator); Simendo – Consulting Fee (Consultant)

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
MEDTRONICS		
SIMENDO	CONSULTING FEE	
* Institutional support for IRB study being presented		
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Name: STEVEN D. CEXNER MD

Date: 3/2/09

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Product/Pharmaceutical	Medical Device	Service	Off-Label Use	Company
1.				
2.				

Name

Steven D. DeSantis MD

Date

3/2/09

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S Waxner
P59 Symp

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I have carefully read and agree to the terms as stated.

Signature 

2-18-09

date

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Resident: Bkett

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
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<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
POWER MEDICAL INTERVENTIONS	Stock	—
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Name

Date

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Sample Disclosure Form



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ASCRS Disclosure of Relevant Financial Relationships

Date of Activity: June 7-11, 2008 ASCRS Annual Meeting and Tripartite Meeting

As a sponsor accredited by the Accreditation Council for Continuing Medication Education (ACCME), the American Society of Colon and Rectal Surgeons must ensure that programming decisions are made "independent, free of commercial bias and beyond the control of persons or organizations with an economic interest in influencing the content of CME".

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Conflict of Interest

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The American Society of Colon and Rectal Surgeons

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Off-Label Disclosure Statement --

Please mark one of the following:

I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will be discussing or demonstrating during my presentation and **DO NOT intend to discuss or demonstrate** a pharmaceutical or medical device for which FDA clearance has not been approved. I agree to disclose to the audience if an unapproved/investigative use of a commercial product/device is introduced by an attendee during the educational activity.

I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will be discussing or demonstrating during my presentation and **DO INTEND** to discuss or demonstrate utilization of a pharmaceutical or medical device for which FDA has not granted approval. Accordingly, I agree to disclose to the audience whether the pharmaceutical or medical device is classified by the FDA as "investigational" or "off-label" with respect to the intended use. Please identify the pharmaceutical or medical device and the use you will describe:

If DO intend, please indicate the product or service:

Product/Pharmaceutical Medical Device Service	Off-Label Use	Company
---	---------------	---------

1.

2.

Name

Date

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Submit as Email

Print Form

Sample Attestation Form



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Conflict of Interest -- ASCRS Attestation 2008 ASCRS Annual Meeting and Tripartite Meeting

I have disclosed to the American Society of Colon and Rectal Surgeons (ASCRS) all relevant financial relationships, and I will disclose this information to learners verbally and in print. The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.

I have not and will not accept any honoraria, additional payments or reimbursements for my presentation beyond that which has been agreed upon directly with the ASCRS. If I am presenting at a live event, I understand that a CME monitor will be attending the event to ensure that my presentation is educational, and not promotional, in nature.

If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.

If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company. If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.

If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

I have carefully read and agree to the terms as stated.

Signature

date

Please Fax to ASCRS at 847-290-9203

ASCRS Executive Council Disclosures

2009-2010

All disclosures were submitted electronically and signatures were not required



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Life Cell-Consultant	Honorarium	
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Ethicon	Honorarium Through APDC	Speaker at Fellows Course
Life Cell	Honarium	Consultant
Genzyme	Research Funding	Investigator
Salix	Research Funding	Investigator
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NITI	research support/grant	
LifeCell	research support/grant	
Applied Medical	research support/grant	
Helsinn	research support/grant	
Innocoll	research support/grant	
Novadaq Technologies	research support/grant	
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Genzyme	honorarium	speaker
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R. Madoff



The American Society of Colon and Rectal Surgeons

85 West Algonquin Rd., Suite 550, Arlington Heights, IL 60005
(847) 290-9184 Fax: (847) 290-9203 Website: <http://www.fascrs.org/> E-Mail: ascrs@fascrs.org

ASCRS Disclosure of Relevant Financial Relationships - 2010

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Please refer to Example of Terminology and Glossary of Terms below.

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
Softscope Medical	Consulting fees	Advisory Board Member
Torax Medical	Consulting fees	Consultant
Ventrus Biosciences	Consulting fees	Advisory Board Member
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Name

Date

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Example Terminology

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J. Pemberton



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	What was received	For what role?
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Ethicon Endosurgery	Honorarium	Advisory Board
Tranzyme Corporation	Honorarium	Advisory Board/Research
Adolor/GSK	Honorarium	Advisory Board
NITI	Stock Ownership	Product Development
<input type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Name

Date

* Support

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I-Flow Corporation	Honorarium	Consultant
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DISCLOSURES

Steven D. Wexner, M.D.

Company	Received	Role
Adolor / GSK	Honorarium	Educator
Century Medical (Japan)	Consulting Fee	Consulting
Covidien	Consulting Fee	Consulting
Covidien	Inventor's Income	Inventor
CR Bard	Consulting Fee	Consulting
CRH Medical	Stock Options	Consulting
Ethicon, Inc.	Consulting Fee	Consulting
EZ Surgical	Consulting Fee and Stock Options	Consulting
Incontinence Devices, Inc.	Consulting Fee	Consulting
Intuitive Surgical	Stock Options	Consulting
Karl Storz Endoscopy America, Inc.	Inventor's Income	Inventor
Karl Storz Endoscopy America, Inc.	Consulting Fee	Consulting
LifeCell	Honorarium	Advisor
Medtronic, Inc.	Consulting Fee	Consulting
Neatstitch	Stock options	Consulting
Niti	Consulting Fee	Consulting
Power Medical Interventions	Honoraria and Stock Options	Consulting
Power Medical Interventions	Inventor's Income	Inventor
Signalomics GmbH	Consulting Fee	Consulting
SurgRx	Consulting Fee/Stock Options	Consulting

Revised 10/15/09

Staff Directors' Disclosures

2006-2009

ASCRS Disclosure of Relevant Financial Relationships

Please fax this form to ASCRS at 847-290-9203

Name: JAMES R SLAWNY (Please Print)

Signature: James R Slawny

Date of Activity: June 3 – 7, 2006 ASCRS Annual Meeting

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Off-Label Disclosure Statement

Off-Label Disclosure Statement --

ASCRS recognizes that faculty may discuss the application of some devices, materials or pharmaceuticals that are not FDA approved. In keeping with the highest standards of professional integrity and ethics, it is required that abstract submitters fully disclose to their audience that there will be discussion of the unlabeled use of a commercial product, device or pharmaceutical that has not been approved for such purposes by the FDA. The program book will indicate which presentations will include the discussion of off-label uses and you are required to inform the audience prior to your presentation.

Please mark one of the following:

_____ I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will be discussing or demonstrating during my presentation and **DO NOT** intend to discuss or demonstrate a pharmaceutical or medical device for which FDA clearance has not been approved.

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Please identify the pharmaceutical or medical device and the use you will describe:

If DO intend, please indicate the product or service:

_____ **Duct/Pharmaceutical Medical Device Service Off-Label Use Company**

ASCRS Disclosure of Relevant Financial Relationships

Please fax this form to ASCRS at 847-290-9203

Name:

Stella J. J. J.

(Please Print)

Signature:

Date of Activity: June 3 – 7, 2006 ASCRS Annual Meeting

As a sponsor accredited by the Accreditation Council for Continuing Medication Education (ACCME), the American Society of Colon and Rectal Surgeons must ensure that programming decisions are made “independent, free of commercial bias and beyond the control of persons or organizations with an economic interest in influencing the content of CME”.

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3. In the section marked “Nature of Relevant Financial Relationship – For what role”, describe your role (ex. speaker, consultant, instructor etc.)

Please refer to Example of Terminology and Glossary of Terms below before entering information.

Example Terminology

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and ‘other activities’ (please specify).

Glossary of Terms

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Relevant financial relationships

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Conflict of Interest

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Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
<input checked="" type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Off-Label Disclosure Statement

Off-Label Disclosure Statement --

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2. _____

American Society of Colon and Rectal Surgeons

Disclosure of Relevant Financial Relationships

Name JAMES R SLAWNY James R Slawny
 Address 114 Brookwood Drive

 Phone (847)-290-9184
 Date 2/3/07

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1. _____
2. _____

American Society of Colon and Rectal Surgeons

Disclosure of Relevant Financial Relationships

Name Paul Green
 Address _____

 Phone () _____ E-Mail Address _____
 Date 12/20/06 '07 ASCRS Mtg

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ASCRS Disclosure of Relevant Financial Relationships

Date of Activity: June 7-11, 2008 ASCRS Annual Meeting and Tripartite Meeting

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If DO intend, please indicate the product or service:
Product/Pharmaceutical Medical Device Service

Off-Label Use

Company

1.

Not Applicable

2.

"

Name

Jurda R. Stansberry

Date

April 5, 2008

By completing and submitting this disclosure statement electronically via the Internet, I agree to its terms and conditions and my signature thereto may be implied.

Submit as Email

Print Form



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Off-Label Use

Company

1.

2.

N/A

Name

James R. Slawny

Date

4-20-08

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Submit as Email

Print Form



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Company

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Off-Label Disclosure Statement --

N/A

Please mark one of the following:

I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will be discussing or demonstrating during my presentation and **DO NOT intend to discuss or demonstrate** a pharmaceutical or medical device for which FDA clearance has not been approved. I agree to disclose to the audience if an unapproved/investigative use of a commercial product/device is introduced by an attendee during the educational activity.

I am aware of the FDA clearance status of all pharmaceuticals and medical devices that I will be discussing or demonstrating during my presentation and **DO INTEND** to discuss or demonstrate utilization of a pharmaceutical or medical device for which FDA has not granted approval. Accordingly, I agree to disclose to the audience whether the pharmaceutical or medical device is classified by the FDA as "investigational" or "off-label" with respect to the intended use. **Please identify the pharmaceutical or medical device and the use you will describe:**

If DO intend, please indicate the product or service:

Product/Pharmaceutical Medical Device Service	Off-Label Use	Company
---	---------------	---------

1.

2.

Name

Date

By completing and submitting this disclosure statement electronically via the Internet, I agree to its terms and conditions and my signature thereto may be implied.

Submit as Email

Print Form



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Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
<input checked="" type="checkbox"/> I do not have any relevant financial relationships with any commercial interests.		

Name

Date

By completing and submitting this disclosure statement electronically via the Internet, I agree to its terms and conditions and my signature thereto may be implied.



Example Terminology

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities' (please specify).

Glossary of Terms

Commercial Interest

The ACCME defines a "commercial interest" as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

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